CITY OF COVENTRY.

Annual Report

. . ON . .

The Health of the City

. . BY . .

E. H. SNELL, M.D., B.Sc. Lond.,

OF THE MIDDLE TEMPLE, BARRISTER-AT-LAW.

Diplomate in Public Health of the University of Cambridge; Fellow of the Royal Society of Edinburgh; Fellow, and Member of the Council, of the Royal Institute of Public Health; Fellow of the Royal Sanitary Institute; Past-President of the Midland Branch of the Incorporated Society of Medical Officers of Health; Member of the Royal College of Surgeons, the Epidemiological Society, and the Medico-Legal Society.

1905.

Coventry:
CURTIS AND BEAMISH, LTD., PRINTERS, HERTFORD STREET

SANITARY COMMITTEE.

Mr. Alderman William Lee, J.P., *Chairman.*
Mr. Alderman J. B. Loudon, J.P., *Vice-Chairman.*
The Mayor (Mr. Alderman A. H. Drinkwater).
Mr. Alderman Webb Fowler, M.B., F.R.C.S., (Ed.), J.P.
Mr. Alderman J. Marriott, J.P.
Mr. Alderman J. Maycock, J.P.
Mr. Alderman C. West.
Mr. Councillor J. T. Armishaw.
Mr. Councillor J. Bausor.
Mr. Councillor W. Hewitt.
Mr. Councillor W. S. Loudon.
Mr. Councillor J. Slaughter.
Mr. Councillor T. M. Smith.
Mr. Councillor F. Snape.
Mr. Councillor T. A. B. Soden, M.R.C.S.
Mr. Councillor J. Thomson.

TUESDAY—FIXED MEETINGS.

9 Jan., 1906.	20 March.	12 June.	4 Sept.
23 Jan.	3 April.	26 June.	18 Sept.
6 Feb.	1 May.	10 July.	2 Oct.
20 Feb.	15 May.	24 July.	16 Oct.
6 Mar.	29 May.	21 Aug.	30 Oct.

At 12 o'clock noon.

SANITARY STAFF.

Public Analyst - - -	A. Bostock Hill, M.D., D.P.H.
Veterinary Inspector - -	William Dale, M.R.C.V.S.
Inspector of Nuisances -	W. H. Clarke, Cert. R. San. Inst.
Assistants - - - -	J. Tomlinson, Cert. R. San. Inst.* R. H. Waterman, Cert. R. San. Inst.* J. H. Drury, Cert. R. San. Inst.
Health Visitor - - -	Miss M. Strover, Cert. R. San. Inst.
Clerk - - - -	G. W. Shelley, Cert. R. San. Inst.
Assistant Clerk - - -	T. F. Marsden.
Supt. of Disinfecting Dept.	Thomas Preedy.
Medical Officer of Health -	E. H. Snell, M.D., D.P.H.

* Also holds Royal Sanitary Institute Certificate as Inspector of Meat, &c.

CITY HOSPITAL SUB-COMMITTEE.

Mr. Alderman W. Lee, J.P., *Chairman.*

Mr. Alderman J. B. Loudon, J.P., *Vice-Chairman.*

Mr. Alderman Webb Fowler, M.B , F.R.C.S. (Ed.), J.P.
Mr. Councillor J. T. Armishaw.
,, ,, W. Hewitt.
Mr. Councillor J. Slaughter.
,, ,, T. A. B. Soden, M.R.C.S.

FIXED MEETINGS—EVERY FOURTH MONDAY.

Being in each case the day preceding a meeting of the Sanitary Committee.

At 3 p.m., at the City Hospital.

CITY HOSPITAL OFFICERS.

Matron - - - - - Miss M. Davidson.
Medical Superintendent - - E. H. Snell, m.d.

EXECUTIVE SUB-COMMITTEE.

(Under the Diseases of Animals Acts, 1894 and 1896, and Orders of Board of Agriculture thereunder.)

Mr. Alderman Lee, J.P.
,, ,, West.
,, Councillor Bausor.
,, ,, Hewitt.
Mr. Councillor Loudon.
,, ,, Snape.
,, ,, Thomson.

Meetings when necessary.

By the order of the Local Government Board, dated March 23, 1891, Article 18, Section 14, it is prescribed that the Medical Officer of Health shall "make an Annual Report to the "Sanitary Authority, up to the end of December in each "year, comprising a summary of the action taken, or which "he has advised the Sanitary Authority to take, during the "year for preventing the spread of disease, and an account "of the sanitary state of his District generally at the end "of the year. The report shall also contain an account of "the inquiries which he has made as to conditions injurious "to health existing in the District, and of the proceedings "in which he has taken part or advised under any Statute, "so far as such proceedings relate to those conditions; and "also an account of the supervision exercised by him, or on "his advice, for sanitary purposes over places and houses "that the Sanitary Authority have power to regulate, with "the nature and results of any proceedings which may have "been so required and taken in respect of the same during "the year. The report shall also record the action taken by "him, or on his advice during the year, in regard to "offensive trades, to dairies, cow-sheds, and milk shops, "and to factories and workshops. The report shall also "contain tabular statements (on Forms to be supplied by "Us, or to the like effect), of the sickness and mortality "within the District, classified according to diseases, ages, "and localities."

Under Sec. 132 of the "Factory and Workshop Act, 1901," the Medical Officer is also required in his Annual Report to report specifically on the administration of the Factory Act in workshops and workplaces, and to send a copy of his Annual Report, or so much of it as deals with this subject, to the Secretary of State.

CITY OF COVENTRY.

Thirty-First Annual Report

OF THE

MEDICAL OFFICER OF HEALTH.

To the Right Worshipful the Mayor, Aldermen, and Councillors of the City of Coventry.

Mr. Mayor and Gentlemen,

I have the honour of submitting to you the Thirty-first Annual Report—the ninth that I have presented—concerning the vital statistics and general sanitary condition of your City.

The death rate has kept well below the average of previous years. The most noticeable feature in regard to infectious disease was an extensive epidemic of Measles, resulting in 60 deaths, very similar in character to that of 1903. Perhaps the most satisfactory feature of the vital statistics has been the comparatively low infantile mortality of 104 per thousand births.

In regard to the sanitary work which has been effected, there is probably little of a startling nature to chronicle. The work has been of a routine kind, and, I believe, of a substantial character. Some amount of progress may be recorded in many directions.

Efforts have again been made to keep this report within ordinate limits.

Summary of Vital Statistics.

The principal features of the vital statistics for the year 1905 have been as follows:—

Estimated population at the middle of the year, 75,134.

Birth Rate, 28.6. Average for previous 10 years, 29.7.

Marriage Rate, 16.6. Average for previous 10 years, 18.0.

Recorded Death Rate, 14.82. Average for previous 10 years, 16.4.

Infantile Death Rate, 104 per 1,000 births. Average for previous 10 years, 146.

Zymotic Death Rate, 1.47. Average for previous 10 years, 2.0.

Respiratory Death Rate (excluding Phthisis), 2.2.

Phthisis Death Rate, .99.

Death Rate from other forms of Tuberculosis, 38.

Physical Features of the City and District.

My Report for 1903 contained a brief description of the physical features of the district, kindly supplied me by Mr. Alderman Andrews, F.G.S.

Population.

The estimate of the population made by the Registrar-General has been adopted in this report; this estimates that at the middle of 1905 the population stood at *75,134;* this figure is arrived at on the supposition that the rate of increase of the population which was present between the census of 1891 and that of 1901 is continuing at the present time.

A consideration of the relationship of the number of occupied houses to the population leads one to suppose that this is an under-estimate. At the time of the unofficial census made by your Council in 1897 the number of people per occupied house was 4.9; at the official census in 1901 there were 4.5 people to each occupied house; the table on page 9 shows that this figure has been gradually diminishing since, until last year it stood at 4.2; it is fairly certain, from a consideration of the great demand for houses which has latterly pertained, and the recent marked prosperity of the City, followed by a noticeable amount of immigration, that the explanation of this decrease lies in the fact that our estimate of the population is below what it should be; supposing that there are now 4.5 people per house, as at the last official census, the population would be 80,136 instead of the figure given above, and the death rate would be 13.9 instead of 14.8, and there would be a corresponding discrepancy in all the other rates based on the estimated population; the absolute importance of having correct information on the question of the population could scarcely be more plainly emphasized; five years have now elapsed since the official census was made; the further we are removed in time from that census until the next the more inexact our estimates become, and the less reliable are all our vital statistics; it is greatly to be regretted that there is not undertaken by the Government a census every five years; in the absence of an official census, one made by your Council would yield valuable information, in spite of the fact that such a census is liable to greater errors than in the case of the Government census. One important set of figures which would be obtained is the population of the new Wards; as these did not exist in 1901 there is no reliable information avail-

Wards.	Estimated Population, 1905.	Occupied Houses, Census 1901.	Vacant Houses, Census 1901.	Vacant Houses, 1905.	Demolished in 1905.	Death Rate, 1905.	Average Death Rate (10 years).	Infantile Death Rate.
Radford	6227			12	3	11·2		125
Foleshill	6277			15	2	16·4		76
Harnall	7093			6	2	13·5		100
Swanswell	6758				2	14·3		98
Bablake	5437			21	1	15·2		130
Cheylesmore ..	6212			34	14	19·9		121
Hearsall	6203			16	4	13·3		100
Grey Friars' ..	6337			14	12	11·9		52
Hill Fields	6653			6	2	16·4		90
All Saints'	6278			6	4	13·3		128
St. Mary's	5912			17	5	19·7		174
Stoke	5747			8	6	12·1		86
	75134	15571	511	162	57	14·8	16·6	104

able as to what the several populations are; some figures are given in the accompanying table; these are, however, pure estimates, based largely on the number of houses in the several Wards; it follows from this that the death rates for the different Wards given in the table are similarly estimates, and may indeed be far from the correct figures.

For the first time we have available this year the number of births in the several Wards; this is owing to an arrangement entered into by your Sanitary Committee with the District Registrars, whereby all registered births are now notified in the same way as the deaths; the numbers of births which actually took place in the different Wards are reliable information, consequently the infantile mortality per 1,000 births given in the table as occurring in the different Wards form a reliable guide as to the infantile mortality in the different Wards. It will be noted that St. Mary's Ward has the highest infantile mortality, and Grey Friars' Ward the lowest.

The following Tables record the vital statistics and general growth of the City, as far as information can be acquired.

Coventry was constituted a separate County by Charter of Henry VI., 1451.

Incorporated with the County of Warwick, 1842.

Constituted a County Borough, 1888.

Area = 4,147 acres.
Rateable Value, 1905 £307,820 0s. 0d.
,, ,, 1895 £181,341 0s. 0d.
,, ,, 1885 £124,718 0s. 0d.
Density of Population, 1905 = 18·1 per acre.
,, ,, 1904 = 17·8 ,,
,, ,, 1903 = 17·5 ,,
,, ,, 1902 = 17·2 ,,
,, ,, 1901 = 16·9 ,,
,, ,, 1900 = 16·8 ,,
,, ,, 1899 = 19·72 ,,
,, ,, 1891 = 17·04 ,,
Average number of persons to each occupied house, 1905 = 4·2
,, ,, ,, 1904 = 4·3
,, ,, ,, 1903 = 4·2
,, ,, ,, 1902 = 4·4
,, ,, ,, 1901 = 4·5
,, ,, ,, 1900 = 4·5
,, ,, ,, 1899 = 4·6
,, ,, ,, 1898 = 4·7
,, ,, ,, 1897 = 4·9
,, ,, ,, 1891 = 4·5

Year.	Houses Inhabited.	Vacant.	Population.	Mortality.	Zymotic Mortality.	Deaths under one year per 1000 born.	Birth Rate.
1377	....	... .	7,000	.. .	...	... ..	......
1586	....	....	6.502	.. ...	......	......	... ..
1643	....	....	9,500	......	......	.. ...	......
1694	....	....	6,710	......	......	...	... ..
1723	1 934	....	....	......	......	... ..	......
1748	2,066	....	12,817	32 ?	......	......	35 ?
1801	2,930	.. ..	16,034	......	......	.. ...	. ...
1811	3 448	*60	17,923	......	......	.. ...	... ..
1821	3,729	*114	21,448	......	......	......	......
1831	5 444	*421	27,298	......	......	......	......
1841	6,531	*590	31,032	......	......	......	......
				Ten Years' Average.			
1851	7,783	*151	36,812	27	... ...	......	. ...
1861	8 991	*1,026	40.936	25	... ..	...	...
1871	8,535	*816	37,670	22	......	... .	......
1881	9,223	*643	42,111	20	3·3	150	35·4
1891	11,496	*284	52 724	18·5	1·7	142	32
1901	15.571	... ..	69,877	16·96	1·9	153·7	29·8
1892	11,789	114	54,000	15·4	·85	117	31 7
1893	11,989	165	54.700	17·1	1·1	160	29·9
1894	12,134	213	55,300	16·1	2·1	157	29·0
1895	12,223	261	56,000	17·0	2·0	152	28·1
1896	12,606	48	59,151	16·3	1·8	149	28·3
1897	†12,440	73	61,234	16·8	1·8	157	31·3
1898	†12,939	75	61,555	17 3	2·9	200	31·1
‡1899	†13.297	112	61.796	19·0	2 2	164	30·5
1900	15,461	292	70,075	17·5	2·4	131	32·3
1901	15,571	353	70,300	17·1	2·5	150	29 2
1902	16,240	239	71,475	14·0	1·1	107	28 3
1903	16,821	286	72,684	16·6	2·0	114	29·7
1904	17,202	547	73,904	15·5	1·6	137	31·4
1905	17,888	162	75,134	14·8	1·4	104	28·9

*This number includes all business offices, whether in dwelling houses or factories, if not occupied on the night the Census was taken.

†This number omits all business offices, factories, etc.

‡These figures omit the added area.

Marriages.

The number of marriages has been 627. This gives a marriage rate of 16.6. The average for the previous ten years was 18.0. The following table shows the relation with the figures of previous years, and with the marriage rate for the country generally:—

Year.	No. of Marriages.	Rate.	Rate for England.
1890	502	19·2	15·5
1891	541	20·2	15·0
1892	416	15·4	15·4
1893	403	14·6	14·7
1894	451	16·2	15·1
1895	471	17·2	15·0
1896	620	21·2	15·8
1897	622	20·2	16·0
1898	634	20·2	16·3
1899	588	18·4	16·5
1900	642	17·5	16·0
1901	578	16·4	15·9
1902	634	17·7	15·8
1903	574	15·7	15·6
1904	580	15·6	15·2
1905	627	16·6	

Births.

There were 2,153 births registered as having taken place during the year within the City. The distribution of the births in the several Wards is given in Table II. The birth rate for the year has been 28.9. The average rate for the previous 10 years was 30.0. There were 60 illegitimate births registered, or 2.8 per cent. of the total. In 1904 the percentage was 2.3, and in 1903 1.5.

The birth rate is compared with that for the whole country in the following table:—

Year.	No. of Births.	Birth Rate.	Rate for England.
1895	1579	28·1	30·4
1896	1679	28·3	29·7
1897	1920	31·3	29·7
1898	1916	30·6	29·4
1899	1871	29·4	29·3
1900	2269	31·0	28·9
1901	2053	29·0	28·5
1902	2023	28·3	28·6
1903	2165	29·7	28·4
1904	2322	31·4	27·9
1905	2153	28·6	27·2

There has been a steady diminution of the birth rate going on throughout the country for years past; this is borne out by the above figures for the whole country; in a town of limited size this can only be seen clearly by grouping a number of years together. In the ten years ending 1881 the birth rate for Coventry was 35.4; in the ten years ending 1891 the rate was 32; in the ten years ending 1901 it was 29.8; in the four subsequent years it has averaged 29.5.

Deaths.

There have been 1,105 deaths registered as having taken place during the year within your City; of these 14 were deaths of non-residents, which occurred in public institutions within the City; these have been referred to the districts in which they ordinarily resided; and there were 23 deaths of residents which occurred in institutions outside the City; these have to be added to the above number. The actual number of deaths therefore which has to be regarded in estimating the death rate is 1,114. This gives a *recorded* death rate of 14.82 per thousand of the population.

The distribution of these deaths in the several Wards is given in the table on page 25. On page 16 is represented a table showing the weekly variations in the *uncorrected* death rates for the expired portions of each year for the past ten years.

The following table shows the mean age at death of the persons who died in the past eleven years:—

Year.	Total Deaths.	Total completed Years Lived.	Mean Age at Death.
1905	1114	41866	38·0
1904	1132	39623	35·0
1903	1188	43270	36·4
1902	1007	36743	36·4
1901	1203	39709	33·0
1900	1223	42687	34·5
1899	1182	40156	36·5
1898	1060	29858	28·1
1897	1037	35045	33·8
1896	965	33544	34·7
1895	953	33486	35·1

To compare the "Recorded" death rate with that of other towns, it is necessary to make an allowance for the difference in age and sex constitution of the different towns. This is done by obtaining from the "Standard" * death rate of each town, the "Factor for Correction." † The "Standard" death rate of Coventry is 18.18; the "Factor for Correction" is 1.0017; the recorded death rate is then multiplied by this factor for correction, and the resulting figure is the "Corrected" death rate. The corrected death rate of Coventry in 1905 was 14.84; this is very slightly in excess of the recorded death rate, which is another way of saying that in Coventry the sex and age constitution of the population approximates to that of the country generally, but is so circumstanced that it tends slightly to the advantage of Coventry so far as the actual death rate recorded is concerned.

The death rate for England and Wales for the year was 15.2; that for the 76 great towns was 15.7; that for the 141 smaller towns was 14.4; and that for rural England and Wales, 14.9.

* The "Standard" death rate signifies the rate at all ages calculated on the hypothesis that the rates for each sex at each of 12 age-periods in each town were the same as in England and Wales during the 10 years 1891-1900, the rate at all ages in England and Wales during that period having been 18·21 per 1,000.

† The "Factor for Correction" is obtained by dividing the "Standard" death rate in England and Wales by the "Standard" death rate in each town, and is the figure by which the "Recorded" death rate should be multiplied in order to correct for variations of sex and age distribution. This gives the "Corrected" death rate.

For the purpose of comparison I am inserting the principal vital statistics of the 76 great towns which are now dealt with by the Registrar-General in his weekly returns. These have been

Town.	Estimated Population 1905.	Annual Rate per 1000 living.			Deaths of Children under one year of age to 1000 Births.	Rate per cent. of uncertified Deaths.
		Births.	Deaths.	Principal Infectious Diseases.		
76 Towns	15,609,377	28·2	15·7	1·88	140	1·1
75 Provincial Towns	10 924,583	28·6	15·8	1·96	143	1·5
London	4,684,794	27·1	15·6	1·71	131	0·2
Croydon	147,704	26·4	12·5	0·98	95	..
Willesden	138,080	30·0	11·6	1·72	112	0·6
Hornsey	84,070	18·5	7·6	0·46	66	..
Tottenham	116,232	30 9	12·8	1·31	115	..
West Ham	294,997	30 7	14·8	2·98	153	0·0
East Ham	123,381	29 8	11·7	2·27	125	0·2
Leyton	114 555	28·1	10·3	1·37	94	1·0
Walthamstow	116 297	28·9	10 8	1·70	106	0·3
Hastings	66,820	17·7	12·8	0·90	113	0·5
Brighton	127,183	23 0	13·5	0·56	101	0·5
Portsmouth	201,975	28·0	16·6	2·64	133	1·4
Bournemouth	66,168	16 8	12·3	0·50	83	0·5
Southampton	114,897	25 0	14·4	2·37	132	..
Reading	77,674	25·7	13·4	1·54	121	2·7
Northampton	92,441	20·9	12·6	1·22	126	1·9
Ipswich	70,802	27·7	14·6	1·26	144	1·7
Great Yarmouth	52,353	27·4	15·8	0·86	132	..
Norwich	116,741	27·8	16·3	1·60	174	1 0
Plymouth	116,000	25 6	16·8	1·44	135	0 1
Devonport	76,864	29·1	13·9	1·05	113	..
Bristol	358,515	27·0	14·6	1·50	122	0 3
Hanley	64,667	33·6	19·3	2·80	195	1·8
Burton on-Trent	52,424	25·4	11·5	0·67	87	1·5
Wolverhampton	99,456	28·7	15·0	2·26	137	0·4
Walsall	92,998	29 9	14·1	1·42	141	0·7
Handsworth	61,721	24·1	10·1	0·63	80	2·3
West Bromwich	67,823	31·6	16·7	3·21	146	1·9
Birmingham	542,959	29·3	16·2	1·90	154	3 5
King's Norton	69,630	25·7	9·1	0·78	89	1·7
Smethwick	62,605	30 6	13·3	1·75	137	2·2
Aston Manor	81,320	26 3	13·1	2·02	145	1·6
Coventry	**75,134**	**28·7**	**14·6**	**1.49**	**108**	**1·6**
Leicester	228,132	25·9	13·3	1·62	148	1·3
Grimsby	68,153	29 2	14·8	2·78	174	1·8
Nottingham	251,671	26·5	16·5	2·27	155	0·8
Derby	122 207	25·4	14·6	1·52	151	..
Stockport	98 320	27·2	16·7	1·96	168	0·4
Birkenhead	116,035	32·0	15·4	1·86	127	0·3
Wallasey	62,460	26 6	12·5	1·08	98	1·5
Liverpool	730,143	33·3	19·6	2.59	153	3·4
Bootle	62,758	31·1	18·2	2·88	155	4·0
St. Helens	89,843	36·2	17·1	2·13	134	4·4
Wigan	86,581	33·8	18·6	3·14	164	0·6
Warrington	68,301	33 5	17·0	2·69	147	5·0
Bolton	178,111	25 0	15·1	1·94	167	0·4

Town.	Estimated Population 1905.	Annual Rate per 1000 living.			Deaths of Children under one year of age to 1000 Births.	Rate per cent. of uncertified Deaths.
		Births.	Deaths.	Principal Infectious Diseases.		
Bury	58,594	21·8	16·3	1·26	147	1·5
Manchester	631,185	29·5	18·0	2·25	157	1·7
Salford	231,514	30 7	16·9	2 57	148	0·4
Oldham	140,225	24 3	18·0	2·10	150	0·0
Rochdale	86,390	21 8	16·7	1·25	133	2·6
Burnley	101,682	26·3	16·6	2·33	173	1·1
Blackburn	133.067	24·1	16·2	2·01	146	4·0
Preston	115,721	28 3	17·9	3·15	154	2·8
Barrow-in-Furness	60,306	30·4	14·6	1·99	135	4·0
Huddersfield	94,888	23·8	17·0	1·10	119	0·6
Halifax	108 419	19·2	14·6	0·98	131	1·3
Bradford	286,799	21·1	15·2	1·42	144	1·1
Leeds	456,787	27·1	15·2	1·61	151	0·2
Sheffield	440,414	29·8	17·0	3·20	167	2·3
Rotherham	59,794	32·1	13·7	1·30	123	2·6
York	82,362	28·0	14·2	1·41	129	0·1
Hull	258,127	30·1	16·3	2·37	152	1·0
Middlesborough	98,369	35 0	21·0	2·99	173	0·8
Stockton-on-Tees	52,425	30·5	17·8	2·49	150	0·9
West Hartlepool	71,313	29 2	15·8	2·04	146	0·6
Sunderland	152,761	34 4	18·6	2·24	142	3·0
South Shields	109,360	32·1	16·1	1·84	146	4·3
Gateshead	120,620	32·7	15·5	1·66	138	6·4
Newcastle-on-Tyne	264,511	32·1	16·8	1 33	135	0·6
Tynemouth	53,595	33·2	19·3	1·45	153	1·0
Newport (Mon.)	72,880	31·3	15·8	1 30	125	0·5
Cardiff	180,054	28 6	13·4	1·14	118	0·2
Rhondda	124,988	37 5	19·1	2·83	200	0·8
Merthyr Tydfil	73,848	38·3	22·1	4·04	193	0·3
Swansea	96,384	31·9	16·7	1.37	131	0·5

extracted from a table published in "The British Medical Journal"; the official Annual Summary of the Registrar-General has not yet been issued. It will be noted that there is a discrepancy between the figures given in the table and those in the body of this Report; this is partly accounted for by the fact that the year dealt with in the table does not commence on January 1st and end in December, as in this Report, but accommodates itself to the beginning and ending of the nearest week; and also by the fact that the correction for those deaths which occurred among residents outside the district is not so completely made.

Further, whereas the Registrar-General's figures deal with the births and deaths *registered* within a given time, the figures given elsewhere in this Report deal with the births and deaths which actually took place between the commencement and the end of the year.

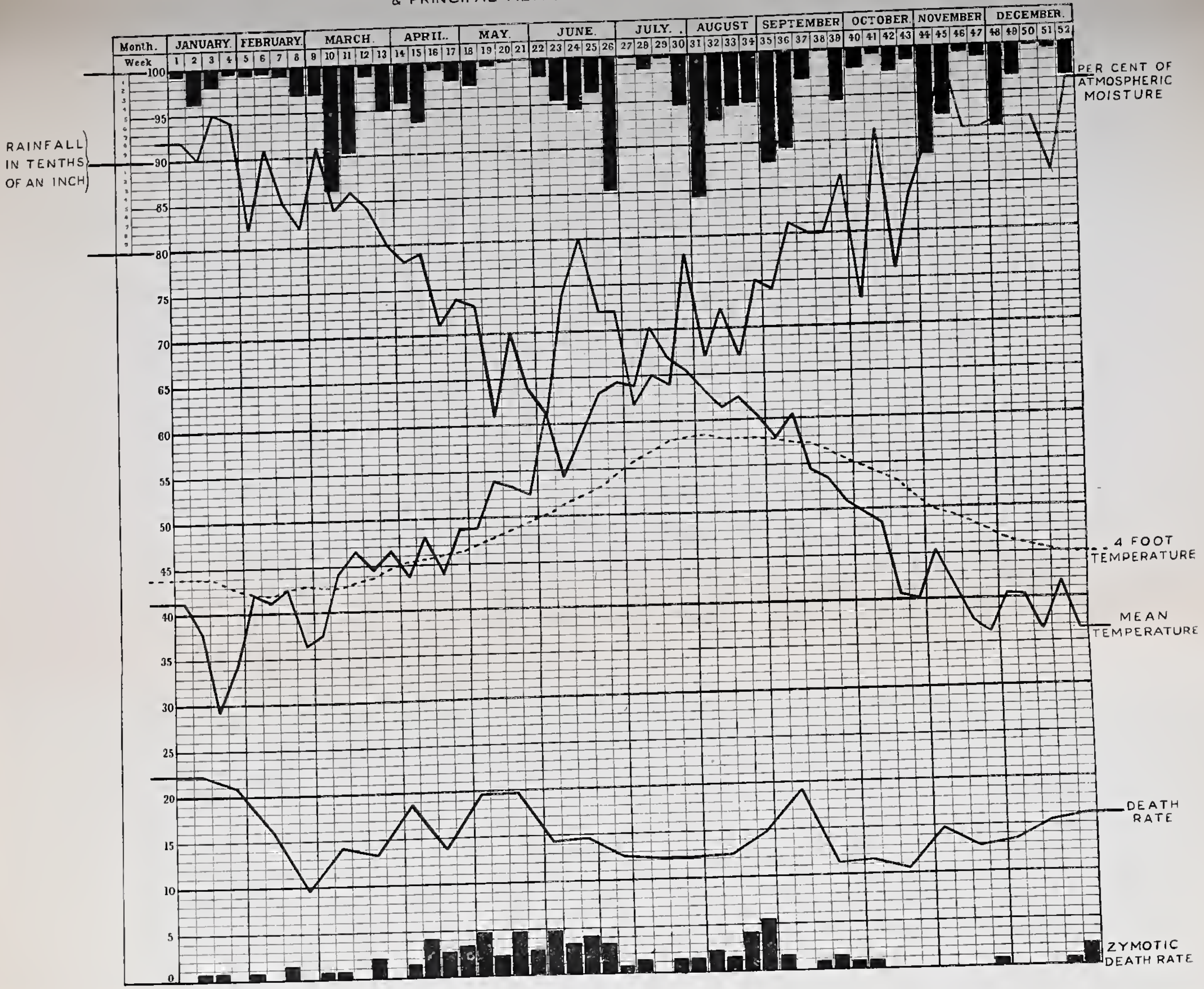
DEATH RATE.

From 1st of January each year to the end of each week, or to the Saturday nearest to the date mentioned in the first column for the past 10 years.

Week.	Date.	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	Av'rage for past 10years.
	Jan.											
1	,, 7	11·2	19·9	18·2	15·6	17·8	17·0	10·2	14·0	13·0	24·3	16·1
2	,, 14	11·6	20·6	19·9	13·9	17·7	19·6	12·2	14·0	13·1	22·2	16·3
3	,, 21	12·5	20·6	19·6	15·8	16·5	21·9	12·7	14·4	14·3	21·9	17·0
4	,, 28	11·4	22·4	18·9	16·0	16·8	21·3	12·8	14·4	13·6	21·5	16·9
	Feb.											
5	,, 4	10·4	21·5	20·1	16·5	17·3	19·4	13·7	17·0	14·0	20·1	17·0
6	,, 11	12·0	21·7	20·5	17·1	17·4	18·6	12·8	17·0	14·1	19·6	17·0
7	,, 18	13·1	20·7	19·8	17·1	18·4	18·2	13·8	15·9	14·9	18·0	16·9
8	,, 25	13·0	20·5	19·2	16·9	18·3	18·2	15·2	15·9	14·8	17·1	16·9
	Mar.											
9	,, 4	12·9	21·2	19·2	17·5	18·0	17·8	15·5	17·0	15·5	16·5	17·1
10	,, 11	13·0	20·6	18·9	18·8	18·0	18·5	15·6	17·0	15·9	16·5	17·2
11	,, 18	13·0	18·8	18·5	19·4	18·0	17·1	15·3	16·9	16·0	16·2	16·9
12	,, 25	13·3	18·6	18·0	20·0	18·3	18·0	15·3	16·8	16·0	16·1	17·0
	April											
13	,, 1	13·5	18·4	17·7	20·9	17·5	16·8	15·4	16·4	16·0	16·6	16·9
14	,, 8	13·4	18·5	17·7	21·4	17·9	18·1	15·4	16·4	16·2	16·5	17·1
15	,, 15	13·6	18·3	17·2	21·3	17·5	16·8	15·4	15·9	16·4	16·2	16·8
16	,, 22	13·6	17·9	16·9	21·2	17·3	18·2	15·5	15·9	16·7	16·0	16·9
17	,, 29	13·6	18·0	16·4	21·4	17·4	17·1	15·5	16·4	16·7	16·2	16·8
	May											
18	,, 6	13·7	17·5	16·1	21·2	17·2	17·0	15·5	16·4	16·6	16·0	16·7
19	,, 13	13·8	17·4	15·7	21·2	16·8	16·8	15·5	16·8	16·6	16·7	16·7
20	,, 20	13·8	17·4	15·3	21·1	16·6	18·2	15·4	16·7	16·5	16·7	16·7
21	,, 27	13·8	17·5	15·2	20·8	16·3	17·7	15·5	16·8	16·4	16·6	16·6
	June											
22	,, 3	13·9	17·4	15·0	20·4	16·1	17·6	15·5	16·9	16·0	16·5	16·5
23	,, 10	14·2	17·2	14·8	20·5	16·0	16·6	15·8	17·0	15·9	16·4	16·4
24	,, 17	14·2	17·2	14·6	20·3	15·7	17·2	15·1	17·0	15·3	16·4	16·3
25	,, 24	13·8	17·2	14·6	20·1	15·6	16·2	14·8	17·7	15·4	16.3	16·1
	July											
26	,, 1	13·7	17·2	14·5	19·9	15·1	16·5	14·7	17·6	15·3	16·1	16·0
27	,, 8	13·7	17·0	14·3	19·6	15·6	16·9	14·7	17·6	15·0	15·9	16·0
28	,, 15	13·8	17·0	14·3	19·5	15·5	17·0	14·7	17·6	14·7	15·8	15·9
29	,, 22	13·9	17·1	14·5	19·3	15·3	16·8	14·5	17·5	14·5	15·8	15·9
30	,, 29	14·9	17·5	14·9	19·0	15·2	16·1	15·0	17·5	14·6	15·5	16·0
	Aug.											
31	,, 5	14·9	17·3	15·4	19·2	15·2	17·4	14·7	17·4	14·0	15·4	16·0
32	,, 12	15·1	17·5	15·9	19·1	15·1	17·6	14·6	17·0	14·0	15·3	16·1
33	,, 19	15·2	17·7	16·2	19·3	15·3	17·7	14·7	16·7	14·2	15·3	16·2
34	,, 26	15·1	17·9	16·8	19·4	15·4	17·7	14·6	16·7	14·2	15·3	16·3
	Sept.											
35	,, 2	15·1	18·0	17·1	19·3	15·7	17·9	14·6	16·7	14·2	15·2	16·3
36	,, 9	15·2	18·0	17·3	19·6	15·9	17·8	14·5	16·7	14·3	15·5	16·4
37	,, 16	15·0	17·8	17·3	19·5	16·2	17·4	14·5	16·5	14·6	15·3	16·4
38	,, 23	15·0	17·8	17·4	19·3	16·2	17·5	14·4	16·5	14·5	15·3	16·3
39	,, 30	15·0	18·2	17·5	19·2	16·2	17·3	14·5	16·5	14·6	15·1	16·4
	Oct.											
40	,, 7	15·0	18·1	17·5	19·1	16·3	17·1	14·3	16·4	14·7	14·9	16·3
41	,, 14	15·1	17·9	17·3	19·1	16·0	17·3	14·3	16·3	14·7	14·8	16·2
42	,, 21	15·1	17·7	17·1	19·1	16·4	17·0	14·4	16·3	14·4	14·7	16·2
43	,, 28	15·1	17·5	17·0	18·9	16·5	16·6	14·3	16·2	14·5	14·7	16·1
	Nov.											
44	,, 4	15·3	17·4	17·0	18·7	16·5	17·0	14·1	16·2	14·5	14·7	16·1
45	,, 11	15·8	17·3	17·0	18·6	16·6	16·9	14·1	16·2	14·5	14·7	16·1
46	,, 18	15·9	17·3	16·8	18·5	16·1	16·8	14·2	16·1	14·5	14·6	16·0
47	,, 25	16·1	17·1	16·8	18·3	16·5	16·0	14·0	16·2	14·5	14·6	16·0
	Dec.											
48	,, 2	16·5	17·0	16·8	18·4	16·6	16·9	14·9	16·3	14·7	14·5	16·2
49	,, 9	16·6	17·0	16·9	18·4	16·7	17·1	14·1	16·2	14·8	14·4	16·2
50	,, 16	16·6	17·0	16·8	18·5	16·7	17·0	13·9	16·2	14·9	14·4	16·2
51	,, 23	16·6	16·9	16·8	18·4	16·6	17·1	13·9	16·2	14·8	14·4	16·1
52	,, 30	16·6	17·0	16·9	18·4	16·6	17·1	13·9	16·3	15·0	14·5	16·2

CITY OF COVENTRY 1905

CHART ILLUSTRATING RELATION BETWEEN DEATH RATE
& PRINCIPAL METEOROLOGICAL CONDITIONS



Meteorology.

Meteorological observations are made daily at the City Hospital, and posted at St. Mary's Hall and at the Free Library. Monthly records of them are forwarded to the Meteorological Office, and published by the Registrar-General in his Quarterly Returns of Vital Statistics, together with the records of 31 other recognized meteorological stations. These records are summarized by the Meteorological Office.

The relationship existing between the death rate and the temperature and humidity of the atmosphere is graphically represented in the curves on the plate opposite page 16.

The summary of the meteorological observations taken during the year is given on page 23.

The highest temperature recorded in the shade was on July 21st and 25th, when 81.5° F. was reached. Freezing point or below was recorded in the screen on 66 days during the year; these days were distributed throughout the months as follows:—

January	18.	July	
February	12.	August	
March	4.	September	
April	3.	October	8.
May		November	11.
June		December	10.

The highest temperature recorded four feet below the surface of the ground was 59° F. on July 31st, and that one foot below the surface was 67° F. on July 15th.

Rain fell on 173 days. The total rainfall at the City Hospital amounted to 21.315 inches, or 1.34 inches more than in 1904.

The greatest fall recorded in any 24 hours, from 9 a.m. to 9 a.m., was noted on August 28th, when the amount collected was .83 inches.

In addition to the ordinary rain gauge situated on the ground, there is an automatic rain gauge at this station, its funnel is situated 4 feet 11 inches above the ground; this collected 20.53 inches of rain.

The daily records of rainfall for the year are given on page 18.

RAINFALL, 1905.

Date.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.
1	.05	·03	·01	..	·13	·06	·11	·24	..	·01	·37	·01
2	..	..	·02	..	·02	·06	·01	·49	·05	·06	·03	..
3	..	·01	..	·005	·01	·04	..	.58	..	·11	·05	..
4	·005	·02	·01	·05	..	..	..	·02	..	·01	·42	·02
5	·01	..	·15	·02	..	..	..	·25	·005	..	·06	·03
6	·005	·04	·01	·20	..	·31	..	·16	·18	..	..	·03
7	..	·02	·11	·13	..	·15	..	·17	·09	·03	·01	·22
8	·20	..	·35	·02	..	..	..	..	·59	·01	·03	·05
9	·11	..	·02	·03	..	..	·10	·23	·21	..	·01	..
10	..	..	·60	·20	..	..	..	..	..	..	·60	..
11	·07	..	·14	·18	·05	·01	..	·17	..	·015	·04	015
12	..	·02	·12	..	..	·14	..	..	..	·04	·06	..
13	..	..	·30	·15	..	·02	..	..	·32	·01	·005	·01
14	..	..	·23	·08	·015	..	..	..	..	·005	·02	..
15	..	..	·18	..	..	·05	06	·11	..	·16	·01	..
16	·20	·02	·10	..	..	·28	..	..	..	..	..	..
17	..	..	·04	·02	..	·07	·03	·35	..	..	..	·04
18	..	·06	..	·04	..	·05	..	·06	..	·06	..	·03
19	..	·08	..	·03	..	·16	..	·07	·01	..	..	..
20	..	·03	..	..	..	·18	..	·02	..	..	..	..
21	..	..	·005	..	..	..	..	·04	..	·04	..	..
22	..	..	..	..	..	..	..	·11	..	..	·08	..
23	..	·06	·07	..	..	..	..	·015	..	..	·005	..
24	·05	..	..	·01	..	..	..	..	·02	·015	·01	..
25	..	·14	·05	·03	..	..	..	·35	·24	..	·04	·01
26	..	·23	·13	·10	..	..	·55	·02	..	·07	·53	..
27	..	·02	·07	..	..	·39	·005	·31	..	..	·03	·06
28	..	·02	·28	·03	..	..	..	·83	·20	·07	·09	·19
29	..	..	·01	·04	..	·26	..	·03	·09	·08	..	·10
30	·02	..	·01	·11	..	·72	..	..	..	·13	·24	..
31	..	..	·005	..	·04	..	..	..	..	·11	..	..
Totals	·72	·80	3·02	1·475	·265	2·95	·865	4·625	2·005	1·035	2·74	·815
T'tal from Jan. 1	·72	1·52	4·54	6·015	6·280	9·230	10·095	14·720	16·725	17·760	20·500	21·315

RAINFALL AT DIFFERENT LOCAL STATIONS.

1905.

	City Hospital.	Davenport Road.	Spencer Road.	Holyhead Road.
January	·72	·85	·85	·85
February	·80	·82	·96	·75
March	3·02	3·12	3·10	2·79
April	1·475	1·42	1·64	1·34
May	·265	·30	·28	·19
June	2·95	2·41	3·66	2·50
July	·865	2·26	1·30	1·81
August	4·625	4·96	4·23	4·05
September	2·005	1·83	1·83	1·74
October	1·035	1·10	1·33	·875
November	2·74	2·85	2·87	2·975
December	·815	1·14	1·54	·805
Total	21·315	23·06	23·59	20·675

For the records of rainfall at Davenport Road, Spencer Road, and Holyhead Road, I am indebted to the courtesy of Mr. Alderman Andrews, J.P., Major R. B. Caldicott, J.P., and Mr. J. B. Morris respectively.

The monthly amounts of rain registered at the City Hospital are given below, together with the corresponding tables for the previous thirteen years.

	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905
January ..	1·26	·67	1·57	3·82	1·27	1·98	·79	3·45	3·44	·98	1·04	2·17	2·66	·72
February	·87	3·07	2·21	·16	·50	3·06	1·03	2·60	3·82	1·64	1·51	1·05	3·13	·80
March ..	·80	·38	1·01	1·94	2·38	2·78	·84	1·21	·62	1·78	1·68	4·03	1·41	3·02
April ..	·80	·355	1·63	1·92	1·07	2·23	1·98	1·87	1·27	1·92	2·19	1·555	·90	1·475
May ..	1·51	1·98	2·39	·575	·36	1·95	2·55	2·35	1·66	·88	2·24	3·21	1·55	·265
June ..	3·90	·99	1·71	·94	3·52	2·68	·72	1·61	3·15	2·64	2·47	2·65	·33	2·95
July ..	2·67	1·845	2·58	2·80	2·345	·36	1·045	1·11	1·62	2·46	1·48	2·69	2·56	·865
August ..	2·58	1·76	2·32	2·225	2·12	3·78	3·54	1·285	3·00	1·725	3·47	3·97	1·73	4·625
September	2·35	1·17	2·26	·79	4·46	2·25	·63	1·73	·45	1·21	1·09	2·13	1·92	2·005
October ..	2·62	3·085	2·99	2·99	2·51	1·74	2·58	2·16	2·77	1·30	2·29	6·38	·595	1·035
November	2·17	1·42	2.55	3·81	1·31	1·40	1·90	1·53	1·99	·69	1·595	1·57	1·31	2·74
December	1·41	2·165	2·43	2·02	3·36	2·58	2·26	1·80	5·09	4·19	1·48	1·34	1·88	·815
Totals ..	22·94	19·89	25·66	23·99	25·205	26·79	19·865	25·705	28·88	21·415	22·535	32·745	19·975	21·315

The average yearly rainfall at this station for the preceding thirteen years, 1892 to 1904, was 24.276 inches. The rainfall for 1905 was therefore 2.961 inches below the average for these years.

The average rainfall for the Midland Counties, as recorded by the Meteorological Office, was 21.6 in 1905. The average for the past 40 years has been 27.6.

The hours of bright sunshine recorded by the Jordan's Sunshine Recorder at the City Hospital are shown by the following figures :—

1895 ...	1,495 hours.	1900 ...	1,166 hours.
1896 ...	1,111 „	1901 ...	1,214 „
1897 ...	1,367 „	1902 ...	967 „
1898 ...	1,326 „	1903 ...	1,096 „
1899 ...	1,482 „	1904 ...	1,209 „
		1905 ...	1,053 „

The Campbell-Stokes Sunshine Recorder recorded 1,343 hours of bright sunshine during 1905. As this latter recorder measures the heat rays of the sun, while the former measures the actinic rays, it probably gives more accurately the duration of what is usually regarded as "bright sunshine."

A Meteorological Station has now existed at the City Hospital for fourteen years. The records give data for calculating the "mean" monthly temperatures. These may be obtained by taking the mean of the maximum temperatures and the mean of the minimum temperatures for each month in each year, and then the means of these for each month in each year. The mean of the corresponding months for all the years gives the "mean" monthly temperature for this station. These are given in the following table:—

	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	Average for 14 years.
January ..	36·1	34·9	37·2	31·7	40·45	33·9	43·0	41·1	39·55	37·7	40·9	39·4	38·8	37·6	38·0
February	38·8	40·1	41·4	28·3	39·7	41·8	40·05	41·0	36·4	38·3	34·4	44·7	38·0	41·8	36 6
March ..	38·2	45·5	43·9	41·9	44·5	44·3	39·5	41·5	38·3	39·25	44·9	44·4	40·9	45·3	42·2
April ..	47·1	52·0	49·1	47·1	48·05	44·7	47·2	47·1	47·3	47·8	46·4	44·1	49·0	45·8	47·1
May ..	54·2	56·5	48·2	54·2	53·3	50·4	50·8	49·4	50·9	52·85	48·6	52·5	52·8	52·2	51 9
June ..	57·0	62·0	57·1	59·0	61·6	59·9	56·5	59·9	59·1	57·0	57·4	56·6	57·6	60·2	58 6
July ..	58·2	63·8	58·4	60·3	62·0	62·4	60·1	64·3	65·0	64 95	59·5	60·2	64·6	64·7	62·0
August ..	59·8	64·5	55·0	60·9	57·5	62·0	62·4	64·8	60·5	60·1	58·5	58·1	59·5	59·7	60·3
September	55·2	56·0	53·0	60·6	55·8	53·7	59·6	56·4	56·9	57·0	55·4	56·4	55·5	54·8	56·2
October ..	45·0	50·0	48 9	43·2	44·4	49·6	52·1	48·3	49·7	49·2	49·7	51·6	49·9	45·4	47·6
November	43·9	41·3	45·6	45·4	39·1	45·2	44·7	47·0	44·7	41·0	41·0	43·5	40·8	40·8	43·1
December	33·8	39·8	40·6	38·6	38·3	40·9	45·5	36·4	44·7	37·9	40·5	38·3	38·7	39·5	39·5

Meteorological Observations made at the City Hospital, Coventry, 1905.

Lat. 52° 24′ 34″ Long. 1° 30′ 20″ Height above mean Sea Level 270ft.

The cistern of the barometer is situated 309 feet above sea level.

1905	Barometer.	Air Temperature.							Hygrometer.				Earth Temperature.		Bright Sunshine.		Cloud.	Rain and other Forms of Precipitation.				Weather, No. of Days of							Wind Force (0·12.)		Wind Direction. No. of observations at 9 a.m. and 9 p.m.							
		Mean of			Absolute Minimum and Maximum.				Mean of Observations at 9 a.m.											Most in a Day.																		
	Mean Pressure at 32° F. at Station Level.	A Min'm.	B Max'm.	Mean of A and B.	Minimum	Day of Month.	Maximum.	Day of Month.	Dry Bulb.	Depression of Wet Bulb.	Vapour Pressure.	Humidity.	At 1 foot depth.	At 4 feet depth.	Total Possible.	Total Observed.	Mean of Observations of Amount at 9 a.m. (Scale 0·10).	Number of Days.	Total Fall.	Amount.	Days of Month.	Snow.	Hail.	Thunderstorm.	Clear Sky.	Overcast.	Fog.	Gale.	Number of Observations of Moderate and Strong Winds.	Calm.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
	ins.	°	°	°	°	°	°		°	°	in.	%	°	°	hrs.	hrs.			ins.	ins.																		
JAN.	29·936	31·4	44·1	37·8	17·0	19	54·0	6,7	36·3	1·0	·196	92	37·3	43·5	249	58·1	7·2	10	0·72	0·20	8,16	2	0	0	7	20	0	0	2	0	4	6	6	4	4	20	16	2
FEB.	29·828	35·1	48·4	41·8	28·0	20	58·0	5	40·2	1·7	·215	87	39·2	42·5	272	57·9	7·1	15	0·80	0·23	26	2	3	0	5	17	1	0	0	0	6	4	0	0	6	14	18	8
MAR.	29·371	37·0	53·9	45·5	27·5	4	62·0	22	44·5	2·1	·246	84	42·5	43·5	365	115·9	6·2	25	3·02	0·60	10	0	3	0	9	16	0	0	0	2	6	4	4	0	14	14	16	2
APR.	29·525	38·7	53·1	45·9	27·0	8	61·0	13	46·2	3·2	·242	78	46·1	45·8	413	81·2	8·2	20	1·48	0·20	6,10	4	0	0	3	21	0	0	0	0	6	8	4	10	10	8	10	4
MAY	29·814	41·9	62·6	52·3	30·0	23	77·0	28	53·5	5·6	·270	66	52·0	48·5	484	200·2	3·6	6	0·27	0·13	1	0	0	0	9	0	0	0	2	12	8	22	0	0	2	8	6	4
JUNE	29·650	49·8	70·0	59·9	42·0	9	80·0	27	60·4	4·8	·381	72	59·3	52·5	495	176·8	5·9	17	2·95	0·72	30	0	0	2	5	8	0	0	2	18	6	20	4	0	2	10	0	0
JULY	29·743	54·8	74·7	64·8	45·0	7	81·5	21,25	66·1	6·2	·430	68	64·4	57·2	496	235·0	4·9	7	0·87	0·55	26	0	0	1	9	8	0	0	0	24	2	4	2	2	2	12	8	6
AUG.	29·556	50·9	68·6	59·8	45·0	1,17	75·0	15	61·2	5·0	·386	72	61·1	58·1	448	176·9	6·1	22	4·63	0·83	28	0	0	1	6	11	0	0	2	24	4	0	4	4	6	6	12	2
SEPT.	29·666	46·5	63·2	54·9	33·0	27	74·5	4	55·1	2·9	·353	81	56·5	56·7	374	96·6	7·0	12	2·01	0·59	8	0	0	0	6	15	0	0	0	14	6	12	2	0	2	12	6	6
OCT.	29·713	37·9	53·0	45·5	28·0	17,22	59·5	1	45·0	2·5	243	82	47·9	52·9	323	95·9	5·3	19	1·04	0·16	15	0	0	0	9	10	0	0	2	16	8	6	0	0	2	8	6	16
NOV.	29·365	34·2	47·1	40·7	24·0	20	54·5	2	39·8	0·8	·228	94	42·2	48·3	256	48·6	7·2	22	2·74	0·60	10	1	0	0	6	17	0	0	4	22	8	2	2	4	10	6	2	4
DEC.	29·896	34·4	44·6	39·5	25·5	4,11	57·0	7	38·4	0·9	·214	93	40·1	45·4	233	33·7	4·5	14	0·82	0·22	7	0	0	0	13	10	5	0	4	14	0	2	4	4	14	20	2	2
																1376·8		189	21·35			9	6	4	87	153	6	0										

TABLE I.—(L.G.B.)—**Deaths.**

YEAR.	Population estimated to middle of each year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Number.	Rate.*	Under 1 Year of Age.		At all Ages.					Number.	Rate.*
				Number.	Rate per 1,000 Births registered	Number.	Rate.*					
1	2	3	4	5	6	7	8	9	10	11	12	13
1895	56,000	1579	28·1	240	152	953	17·0	114	?	?	953	17·0
1896	59,151	1679	28·3	251	149	965	16·3	110	?	?	965	16·3
1897	61,234	1920	31·3	302	157	1038	16·9	143	18	10	1030	16·8
1898	61,555	1916	31·1	383	200	1068	16·9	139	14	9	1055	16·8
1899	61,796	1886	30·5	312	164	1182	18·6	145	29	15	1168	18·4
1900	70,075	2269	32·3	298	131	1223	17·4	169	11	15	1227	17·5
1901	70,300	2053	29·2	309	150	1206	17·1	137	14	11	1203	17·1
1902	71,475	2023	28·3	217	107	1002	14·0	130	3	8	1007	14·0
1903	72,684	2165	29·7	248	114	1189	16·3	175	7	25	1207	16·6
1904	73,904	2322	31.4	319	137	1132	15·3	132	6	21	1147	15·5
Averages for years 1895-1904.	65,817	1981	30·0	288	146	1096	16·6	139	13	14	1096	16·6
1905	75,134	2153	28·6	224	104	1105	14.7	148	14	23	1114	14·8

Institution within the District receiving sick and infirm persons from outside the District	Coventry and Warwickshire Hospital.
Institutions outside the District receiving sick and infirm persons from the District	Hatton Asylum. Pinley Hospital. General Hospital, Birmingham.
Other Institutions, the deaths in which have been distributed among the several localities in the District	Workhouse. Ford's Hospital. Bond's Hospital.

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

NOTE.—The deaths included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district. The deaths included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The "Public Institutions" taken into account for the purposes of these tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses, and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made is given on the side of this table.

Area of District in acres (exclusive of area covered by water), 4,147 acres.

At Census of 1901—Total population at all ages, 69,978; number of inhabited houses, 15,571; average number of persons per house 4·5

The Union Workhouse is within the City

TABLE II.—(L.G.B.)

Names of Localities.	Whole City. 1.				Bishop Street Ward. 2.				Gosford Street Ward 3.				Earl Street Ward. 4.				White Friars' Ward. 5.				Spon Street Ward. 6.				North East Ward. 7.			
Year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.
	a.	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*
1895	56,000	1579	953	240	13,877	..	246	62	13,611	..	217	67	11,133	..	166	44	8835	..	221	44	8564	..	103	23	..	..	..	..
1896	59,151	1679	965	251	15,328	..	263	63	14,480	..	229	85	11,768	..	155	46	8830	..	210	39	8745	..	108	18	..	..	..	..
1897	61,234	1920	1038	302	16,854	..	266	92	14,606	..	239	76	12,186	..	183	51	8825	..	216	47	8763	..	134	36	..	..	..	..
1898	61,555	1916	1060	385	16,898	..	340	134	14,728	..	228	94	12,266	..	151	51	8820	..	217	62	8843	..	124	44	..	..	..	..
1899	61,796	1886	1172	308	16,954	..	332	80	14,754	..	270	82	12,285	..	198	49	8815	..	229	53	8988	..	143	40	..	..	..	..
1900	70,075	2269	1227	298	17,140	..	343	68	14,811	..	255	59	12,340	..	176	37	8756	..	241	39	8990	..	165	51	8038	..	147	44
1901	70,300	2053	1203	309	17,159	..	292	86	14,821	..	249	66	12,354	..	176	50	8475	..	210	42	8999	..	141	33	8492	..	135	32
1902	71,475	2023	1007	217	17,602	..	234	60	14,951	..	182	43	12,510	..	158	32	8438	..	204	23	9036	..	109	18	8903	..	120	40
1903	72,684	2165	1207	248	18,175	..	288	69	15,082	..	214	57	12,695	..	167	26	8379	..	256	33	9075	..	133	29	9278	..	149	34
					Swanswell Ward.				All Saints' Ward.				Hearsall Ward.				Cheylesmore Ward.				Radford Ward.				Foleshill Ward.			
1904	..	..	..	..	6655	..	111	40	6175	..	87	22	6100		71	16	6110	..	187	40	6125	..	64	17	6175	..	104	38
1905	..	..	..	..	6758	244	97	24	6278	171	84	22	6203	159	83	16	6212	165	124	20	6227	183	72	23	6277	260	103	20
					Harnall Ward.				Hill Fields Ward.				Grey Friars' Ward.				St. Mary's Ward.				Bablake Ward.				Stoke Ward.			
1904	73,904	2322	1147	319	6990	..	85	32	6550	..	103	31	6234	..	75	15	6234	..	75	15	5325	..	78	21	5645	..	76	24
1905	75,134	2153	1114	224	7093	219	96	21	6653	211	109	19	6337	134	76	7	5912	126	117	22	5437	130	83	17	5747	151	70	13

NOTES.—(*a*) The separate localities 1895-1903 adopted for this table are areas of which the populations are obtainable from the census returns. Block 1 is used for the whole district; and blocks 2, 3, &c., for the several localities.

(*b*) Deaths of residents occurring beyond the district are included in sub-columns *c* of this table, and those of non-residents registered in the district excluded. (See Note on Table I. as to the meaning of terms "resident" and "non-resident.")

(*c*) Deaths of residents occurring in public institutions are allotted to the respective localities, according to addresses of the deceased (when known.)

(*d*) In 1904 the City was divided into 12 Wards, the populations of which are not yet obtainable from census returns.

TABLE III.—(L.G.B.)

Cases of Infectious Disease notified during the Year 1905.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							TOTAL CASES NOTIFIED IN EACH LOCALITY.													NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.												
	At all Ages.	At Ages—Years.						Radford Ward. 1	Foleshill Ward. 2	Harnall Ward. 3 (H)	Swanswell Ward. 4	Bablake Ward. 5	Cheylesmore Ward. 6 (W)	Hearsall Ward. 7	Grey Friars' Ward. 8	Hill Fields Ward. 9	All Saints' Ward. 10	St. Mary's Ward. 11	Stoke Ward. 12	Whole City. 13	Radford Ward. 1	Foleshill Ward. 2	Harnall Ward. 3 (H)	Swanswell Ward. 4	Bablake Ward. 5	Cheylesmore Ward. 6 (W)	Hearsall Ward 7	Grey Friars' Ward. 8	Hill Fields Ward. 9	All Saints' Ward. 10	St. Mary's Ward. 11	Stoke Ward. 12	Whole City. 13
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 & upwards.																										
Small-pox ..	1	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	1
Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria ..	56	1	18	22	6	9	..	5	11	3	5	3	3	8	7	7	3	..	1	56	..	..	..	..	..	..	..	..	..	..	..	..	..
Membranous croup	11	..	10	1	..	..	..	1	3	..	2	2	..	..	1	..	1	..	1	11	..	..	..	..	1	..	..	..	..	..	..	..	1
Erysipelas ..	95	2	4	9	20	51	9	5	11	8	6	8	6	12	6	7	10	8	8	95	..	..	2	..	..	1	1	..	..	..	..	..	4
Scarlet fever ..	249	1	93	137	12	6	..	28	20	16	24	9	12	28	14	24	26	9	39	249	26	20	13	23	6	11	23	10	24	26	9	36	227
Typhus fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric fever ..	21	..	1	10	4	6	..	..	..	3	..	1	1	..	..	..	1	11	4	21	..	..	1	..	1	1	..	..	..	1	10	3	17
Relapsing fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued fever..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal fever ..	4	..	..	..	2	2	..	..	..	..	..	..	..	1	1	2	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chicken-pox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	437	4	126	179	44	75	9	39	45	30	37	23	23	49	29	40	41	28	53	437	26	20	16	23	8	14	24	10	24	27	19	39	250

NOTES.—The localities adopted for this table are the same as those in Tables II. and IV.
Mark (H) indicates the locality in which the City Hospital is situated.
Mark (W) indicates the locality in which the Workhouse is situated.
The Pinley Hospital is situated outside the boundary in St. Michael's Without.

TABLE IV.—(L.G.B.)

Causes of, and Ages at, Death during Year 1905.

Causes of Death.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the district.							Deaths at all ages of "Residents" belonging to Localities, whether occurring in or beyond the District.												Total Deaths whether of Residents or "Non-Residents" in Public Institutions in the District.
	All ages.	Under 1 year.	1 and under 5	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Radford Ward.	Foleshill Ward.	Harnall Ward.	Swanswell Ward.	Bablake Ward.	Ch'y'lsmore Ward	Hearsall Ward.	GreyFriars Ward	Hill Fields Ward	All Saints' Ward.	St. Mary's Ward.	Stoke Ward.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Small Pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	..	..	..	..
Measles	60	3	51	6	..	..	..	1	5	..	8	8	9	5	2	12	2	6	2	5
Scarlet Fever ..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Whooping-cough ..	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
Diphtheria and Membranous Croup ..	13	..	11	1	1	..	..	1	3	..	3	1	..	1	1	2	..	..	1	1
Croup	1	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Fever { Typhus ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fever { Enteric ..	6	..	..	4	..	2	..	..	..	1	..	..	..	..	..	..	1	3	1	3
Fever { Other cont'd	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Epidemic Influenza	10	..	1	..	..	2	7	..	1	..	1	..	1	2	1	2	..	1	1	..
Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhœa. (*See* notes at foot)	31	23	7	..	..	1	..	6	5	1	4	1	.	1	2	6	1	3	1	1
Enteritis. (*See* notes at foot)	14	10	2	..	..	1	1	1	4	..	2	..	1	..	1	..	2	2	1	..
Puerperal Fever ..	4	..	..	..	2	2	..	..	..	..	..	..	..	1	1	2	..	..	..	..
Erysipelas	5	2	..	..	..	1	2	..	..	..	..	1	1	..	..	1	1	1	..	..
Other Septic Diseases	7	1	1	1	.	4	..	..	..	..	1	1	..	..	..	2	.	2	1	3
Phthisis (Pulmonary Tuberculosis) ..	75	..	..	2	13	57	3	4	7	9	6	4	7	7	4	6	8	10	3	4
Other tubercular diseases	27	3	3	9	6	6	..	1	1	3	1	..	1	4	5	1	4	4	2	6
Cancer, malignant disease.	52	..	..	..	1	32	19	6	6	6	..	4	5	2	3	5	5	6	4	10
Bronchitis	68	21	6	1	..	8	32	3	6	7	9	6	9	6	2	4	7	8	1	2
Pneumonia ..	86	15	20	2	2	30	17	9	11	5	9	7	10	5	4	5	7	8	6	6
Pleurisy	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	1
Other Diseases of Respiratory Organs	12	..	1	..	..	6	5	1	1	2	2	..	1	2	..	1	1	1	..	2
Alcoholism Cirrhosis of liver	19	..	..	1	..	15	3	..	1	..	4	1	3	1	2	1	2	2	2	2
Venereal Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Premature Birth ..	54	54	..	..	..	..	..	4	4	7	4	2	10	1	3	2	5	7	5	..
Diseases and Accidents of Parturition	6	..	..	..	2	4	.	..	1	..	..	..	2	..	1	..	1	..	1	..
Heart Diseases ..	43	..	..	3	5	26	9	2	3	2	6	3	8	3	1	4	3	6	2	11
Accidents ..	32	8	7	..	1	10	6	3	2	3	3	5	..	4	1	3	2	2	4	13
Suicides	9	..	..	..	1	4	4	1	1	..	1	2	2	..	1	..	..	..	1	3
Not Certified ..	16	7	2	..	..	3	4	..	4	1	2	..	2	2	..	2	..	1	2	..
All Other Causes ..	461	76	20	17	12	141	195	28	37	48	31	37	52	35	41	48	32	44	28	74
All Causes ..	1114	224	134	47	46	356	307	72	103	96	97	83	124	83	76	109	84	117	70	148

NOTES.—(*a*) The deaths of residents occurring beyond the limits of the district are included in this table, and deaths of non-residents occurring in the district are excluded. *See* note on Table I. as to meaning of "Residents" and "Non-residents."

(*b*) Deaths of residents occurring in public institutions are allotted to the respective localities according to the addresses of the deceased as given by the Registrars, and in addition, are classified under "Public Institutions."

(*c*) Under the heading of "Diarrhœa" are included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from

Epidemic enteritis;
Zymotic enteritis;
Epidemic diarrhœa. Summer diarrhœa;
Dysentery and dysenteric diarrhœa;
Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).

Under the heading of "Enteritis" are included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, there has been reason for including such deaths, especially those of infants, under the specific term "Diarrhœa."

Deaths from diarrhœa secondary to some other well-defined disease are included under the latter.

Infantile Mortality.

By the Infantile Mortality is meant the number of deaths of infants under one year of age. The rate is usually estimated by comparing this number with the number of births, and calculating the number of deaths under one year of age per thousand births. This is merely a rough and ready way of estimating the mortality per thousand living at the age of under one year. This figure is increasingly becoming recognized as of very great importance in indicating the effect which local environments have on those who are the most susceptible to local environments. The number of deaths among those under one year of age during the year was 224, which is at the rate of 104 per thousand births. It is with considerable gratification that I record this figure, for it is the lowest rate of Infantile Mortality which has been registered in any year of which we have a record. I would say that it is the most gratifying figure in our year's statistics. The average mortality for the past ten years has been 146.

The following Table shows, for the past thirteen years, the number of deaths of children under one year of age per 1,000 births in Coventry compared with England and Wales generally:—

Year.	England and Wales.	Coventry.
1893	159	160
1894	137	157
1895	161	152
1896	148	149
1897	156	157
1898	161	200
1899	163	164
1900	154	131
1901	151	150
1902	133	107
1903	132	114
1904	146	137
1905	128	104

TABLE V.—(L.G.B.)—Infantile Mortality during the year 1905.

Deaths from stated Causes in Weeks and Months under One Year of Age.

	CAUSE OF DEATH.	Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes.	Certified ...	50	9	16	5	80	32	16	18	11	12	11	8	7	7	10	5	217
	Uncertified	6	...	...	...	6	...	...	...	...	...	...	...	...	...	...	1	7
Common Infectious Diseases.	Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Measles	...	...	...	...	...	...	...	...	...	1	...	...	1	..	1	...	3
	Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...
	Diptheria: Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Whooping Cough	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Diarrhœal Diseases.	Diarrhœa, all forms	...	...	2	...	2	3	3	1	...	3	3	3	...	2	1	2	23
	Enteritis (*not Tuberculous*)	...	...	...	...	...	4	1	3	...	...	.	1	1	...	...	...	10
	Gastritis, Gastro-intestinal Catarrh	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	...	3
Wasting Diseases.	Premature Birth...	40	2	7	2	51	3	...	...	...	...	...	...	...	...	...	...	54
	Congenital Defects	1	...	3	...	4	2	...	...	...	..	...	...	...	...	...	...	6
	Injury at Birth	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
	Want of Breast-milk	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Atrophy, Debility, Marasmus...	10	1	1	2	14	9	3	5	2	...	1	1	1	1	2	...	39
Tuberculous Diseases.	Tuberculous Meningitis	...	...	...	...	...	..	...	...	...	1	...	...	...	...	...	1	2
	Tuberculous Peritonitis: Tabes Mesenterica	...	...	...	...	...	...	...	...	...	1	..	...	...	...	...	...	1
	Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Erysipelas	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	2
	Syphilis	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Rickets	...	.	...	...	..	...	...	...	...	...	...	...	1	...	...	...	1
	Meningitis (*not Tuberculous*)	...	...	...	...	...	.	...	...	2	...	...	...	..	...	1	...	3
	Convulsions	2	3	1	...	6	...	1	2	1	1	2	2	...	...	...	...	15
	Bronchitis	...	1	1	...	2	7	4	3	...	2	...	...	2	...	2	...	22
	Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Pneumonia	...	...	...	...	...	...	2	2	1	2	3	1	1	1	1	1	15
	Suffocation, overlaying...	...	...	...	...	...	2	1	1	1	...	...	...	...	...	...	...	5
	Other Causes	2	2	1	1	6	1	...	1	2	1	2	...	...	2	1	2	18
		56	9	16	5	86	32	16	18	11	12	11	8	7	7	10	6	224

Births in the year:—Legitimate, 2,093; Illegitimate, 60. Deaths from all Causes at all Ages, 1,114.
Population, estimated to middle of 1905, 75,134.

The Infantile Mortality of the 76 great towns was 140; that of the 141 smaller towns was 132; and that in England and Wales, less the 217 towns, *i.e.*, rural England and Wales, 113.

In order to assist in determining the predominant causes of the deaths among infants, the Local Government Board have this year issued a new table for inclusion in Annual Reports (Table 5). This table is very instructive. It shows that no less than 100 of the 224 deaths among infants last year were due to that group called "Wasting Diseases"; of these more than one-half were attributed to premature birth; of the 100 deaths, 70 occurred within the first four weeks of life; it appears probable that a considerable proportion of these must be regarded as unpreventible deaths. The class of diarrhœal diseases claims 36 deaths; as these diseases are dependent largely on the methods of feeding they demand careful attention. Dr. Howarth, the Medical Officer of Health of Derby, has made a careful analysis of information collected during three years by Health Visitors in Derby concerning the methods of feeding infants; he obtained in this way information concerning 8,666 infants, and by following up their after history he obtained the following results: of those children who were said to be wholly breast-fed 69.8 died out of every 1,000 in the first year of life; of those who were reared partly naturally and partly by hand, 98.7 died out of every 1,000; and of those who were wholly hand-fed 197.5 died out of every 1,000. Dr. Howarth gives reasons for believing that these figures rather under-state the difference in mortality between these groups, and he thinks that 65 per 1,000 would probably more accurately represent the mortality among those who were entirely breast-fed. Too much stress, therefore, cannot be placed on the importance of breast-feeding wherever this is possible. When this is not possible the strictest attention is required to the kind of diet selected, to the purity of the milk; as a rule patent foods are best avoided; very few of them are suitable foods for infants, and if they are used at all it should only be after careful medical advice.

My Report for 1904 contained a copy of a circular, giving hints on the feeding of infants; since that time a copy of that circular has been sent to every house in which a birth is registered; this circular has been sent by post; at the present time, now that we have a Health Visitor, it is delivered by her and explained at the poorer houses, and sent by post to the others.

In order that this leaflet should be as valuable as possible, I invited suggestions from all the medical men practising within the City by the accompanying letter:—

27th April, 1905.

Dear Sir,

I have been instructed by the Sanitary Committee of this Corporation to distribute leaflets at houses where births are registered, giving some elementary advice in regard to the proper feeding of infants.

It is fully recognized that the utility of such leaflets is limited, and that they cannot take the place of verbal advice given by the Medical Attendant; but it has been thought that where such advice is either not available or not sought these leaflets may perhaps be useful, and in any event can produce no harmful effect.

Though primarily intended for poorer people, it has been thought difficult and to some extent invidious to draw a line of demarcation between houses, and to send them to some and not to others. Furthermore, ignorance in relation to these matters is not confined to small houses.

I enclose a copy of the leaflet which I have commenced to distribute. This has been drawn up after consultation with some other medical men who have made a more extended study of the matter than I have, and after reference to other leaflets distributed in other towns. It is quite probable, however, that other medical men might be able to offer suggestions which would add value to the leaflet. If it should occur that you have any suggestion to offer in regard to the matter, I should be obliged if you would favour me with your assistance.

Yours faithfully,

E. H. SNELL,

Medical Officer of Health.

Zymotic Disease.

By the Zymotic Death Rate we understand the number of deaths per thousand of the population which are due to the seven common epidemic diseases. The numbers of these were as follows:—

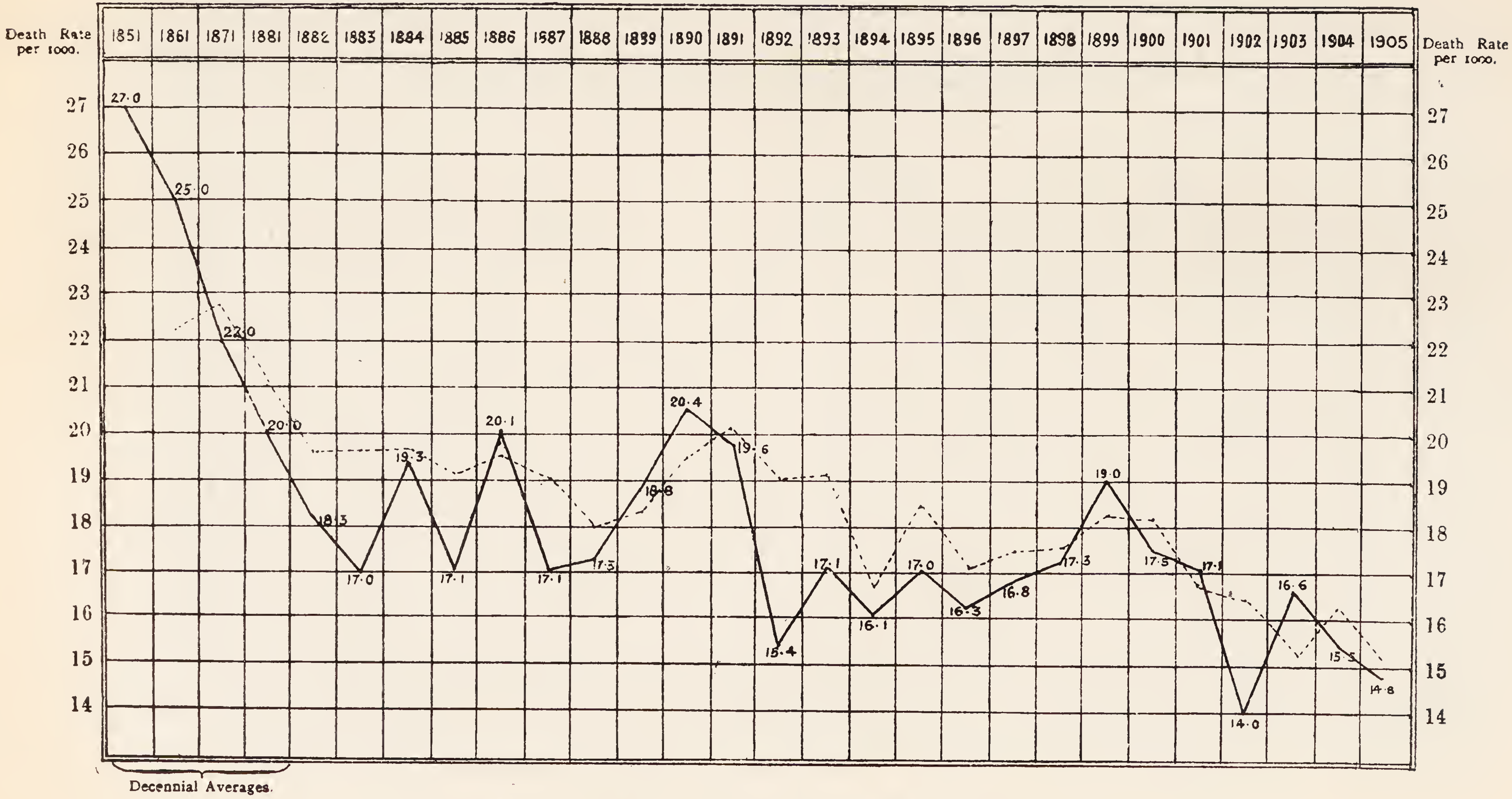
	Notified.	Died.	Case Fatality per cent.
Small Pox	1	0	0
Scarlet Fever	249	1	.4
Diphtheria	67	13	19.4
Typhoid Fever	21	6	28.5
Measles	—	60	
Whooping Cough	—	1	
Diarrhœa	—	31	
		112	

This corresponds to a Zymotic death rate of 1.47. The average for the previous ten years has been 2.0. The proportion of this rate attributable to each of these seven diseases is shown below, together with a comparative statement of the similar figures for the rest of the country.

	Coventry	England and Wales.	76 Great Towns.	141 smaller Towns.	England and Wales less the 217 Towns.
Small Pox	·00	·00	·00	·00	·00
Scarlet Fever	·01	·11	·13	·11	·09
Diphtheria	·17	·16	·16	·15	·15
Typhoid Fever	·08	·09	·08	·13	·09
Measles	·79	·32	·39	·31	·24
Whooping Cough	·01	·25	·29	·23	·20
Diarrhœa	·41	·59	·83	·57	·32
	1·47	1·52	1·88	1·50	1·09

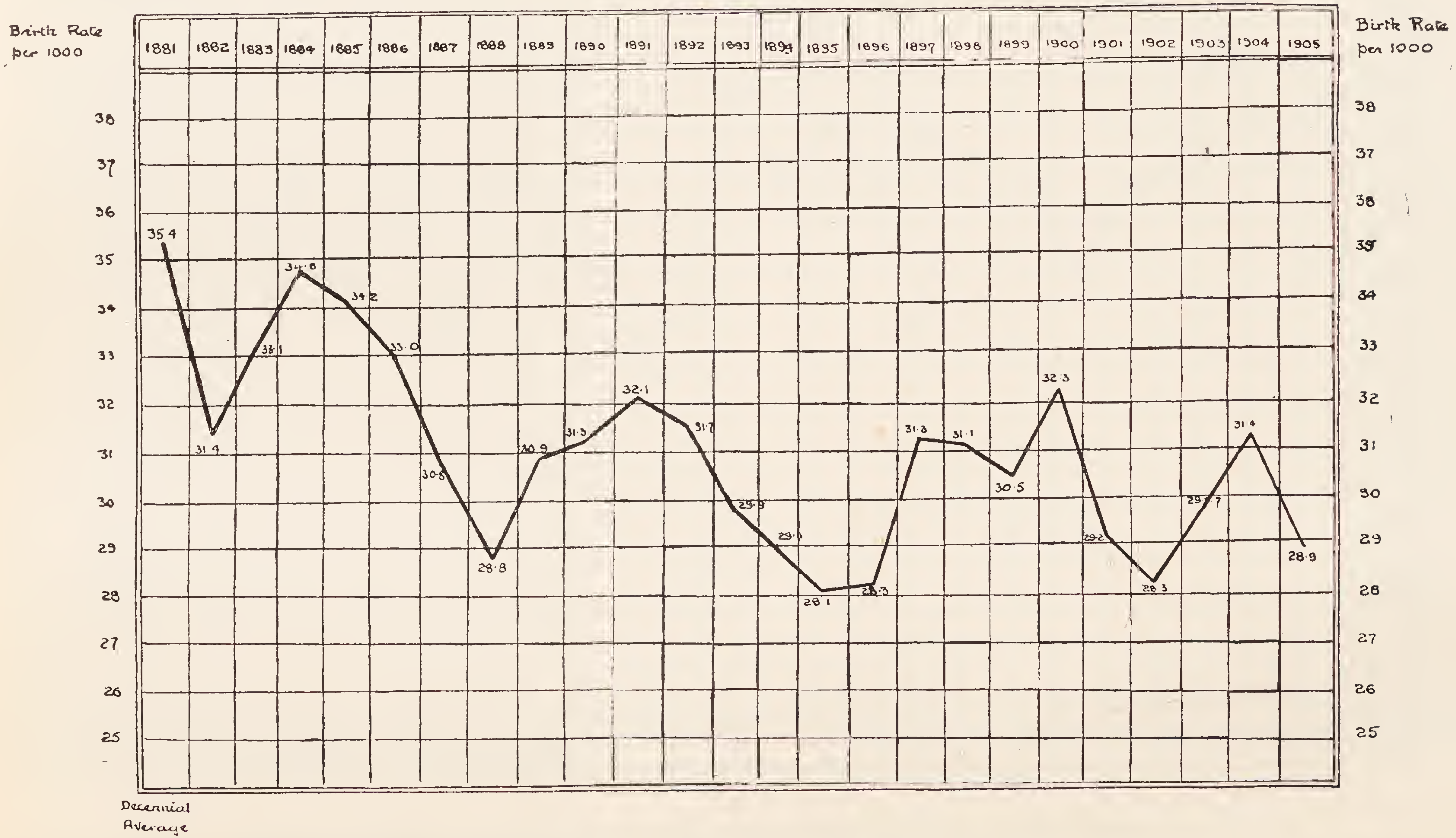
An examination of this interesting table shows that only in the case of Measles do the local rates compare very unfavourably with the other towns of the country; the rates for Diphtheria and Typhoid Fever correspond very nearly with those of the other large towns, while the rates for Scarlet Fever, Whooping Cough, and Diarrhœa are well below the rates in other parts of the country.

CHART SHEWING DECLINE OF COVENTRY DEATH RATE SINCE 1851



Dotted line indicates Death Rate for England and Wales.

CHART SHOWING DECLINE OF COVENTRY BIRTH RATE SINCE 1871.



The following table shows how very greatly the numbers of deaths from some of these diseases vary from year to year; this is necessarily characteristic of those diseases which occur in epidemics.

Deaths from the seven principal Zymotic Diseases which have occurred in Coventry during the past 36 years:—

Year.	Small Pox.	Typhoid Fever.	Diphtheria	Scarlet Fever.	Measles.	Whooping Cough.	Diarrhœa.
1870	..	..	1	18	15	9	84
1871	166	..	5	5	18	35	59
1872	57	..	2	8	5	15	77
1873	..	..	9	15	18	28	45
1874	..	..	11	149	5	7	45
1875	..	4	7	16	..	16	61
1876	..	9	2	30	19	25	28
1877	..	2	2	19	3	3	24
1878	..	8	8	20	14	24	47
1879	..	2	2	7	18	18	24
1880	..	3	3	36	6	10	96
1881	1	5	11	58	2	8	24
1882	..	10	2	17	17	4	18
1883	..	7	..	2	3	5	35
1884	..	5	..	3	18	29	50
1885	..	2	1	10	..	2	20
1886	..	14	..	18	49	31	49
1887	..	7	2	14	..	9	40
1888	..	3	..	6	1	14	25
1889	..	2	1	13	50	8	38
1890	..	4	5	2	1	3	45
1891	..	7	1	..	36	15	29
1892	..	9	..	..	4	4	30
1893	..	9	1	..	..	7	44
1894	1	6	3	13	54	25	15
1895	..	5	3	19	3	20	61
1896	..	12	3	9	35	8	44
1897	..	3	4	6	16	6	80
1898	..	6	5	10	29	4	131
1899	..	18	5	3	13	39	63
1900	..	6	22*	17	50	2	75
1901	..	15	31*	18	3	32	83
1902	..	6	31*	10	..	9	28
1903	3	2	34*	5	57	15	34
1904	1	1	11*	10	..	48	49
1905	..	6	13*	1	60	1	31
	229	198	241	587	623	538	1731

* The Deaths from Membranous Croup are here included.

Epidemic Diarrhœa.

During the year 23 deaths have been certified as due to Epidemic Diarrhœa, and 8 to Diarrhœa, making a total of 31 deaths as due to this cause. Reference to the table above will show that this number is below the average. The record indeed for the year in regard to this disease may be looked on as satisfactory.

I have dealt fully with the known causes of this disease in previous Reports.

The four-foot earth thermometer at the Meteorological Station at the City Hospital exceeded 57° from the middle of July to the middle of September. During this time 21 out of the above-mentioned 31 deaths took place.

This disease is of prime consequence in regard to infantile mortality. If this disease can be materially controlled, infantile mortality will be correspondingly diminished. It is fairly firmly established that the most potent factor in this direction consists in securing a pure milk supply; this is accomplished by nature among those children who have the advantage of being breast-fed; it is in finding a satisfactory substitute that the difficulty arises. The essential point of this difficulty consists in the obtaining of cleanliness in milk supply, cleanliness in milk carriage or distribution, and cleanliness in milk storage. In all of these matters much remains to be done. The first matter will be spoken of later in connection with the Cowsheds and Dairies; the last point is related to the improvement of houses in regard to the provision of well-lighted and ventilated pantries, and to the care exercised by mothers in the cleanliness of vessels and the protection of stored milk from contamination; too much emphasis cannot be laid on this latter point; milk is a liquid which is especially favourable to the multiplication of germs which have access to it; an abundant source of contamination of milk exists in the common house fly; from the rubbish heap, or other noxious location, to the milk jug is a short journey; therefore the necessity of protecting the milk jug and also the necessity of reducing the rubbish to nothing but dry ashes, and also covering the bin. Flies abound where obnoxious matter collects; their abundance is a reflection on the cleanliness of the house or neighbourhood.

The connection between this disease and meteorological conditions has been spoken of in previous reports.

Measles.

The principal feature concerning the prevalence of infectious disease during the year was the extensive epidemic of Measles which prevailed during the second quarter of the year. No less than 60 deaths were attributed to it. This is the largest number which has occurred in any one year of which we have a record. The great variations which occur in the mortality from this disease are shown in the table on page 33. In the preceding year no deaths at all were due to it. The notifications received from schools of this disease are given in the table on page 65. Some of the figures there given represent children who were excluded from school on account of Measles being in the house, while they themselves did not necessarily suffer; further, the returns are not made with the same regularity from all schools; with these limitations, however, the figures indicate fairly well the neighbourhoods which were principally affected.

Of the 60 deaths, 54 occurred in children under five years of age; it rarely occurs that a child over seven dies from the disease. On this account it is the children in the infants' departments who should be especially protected from it, if this is at all possible. To assist in preventing its spread certain infants' departments were closed for stated periods. The following were so closed:—

School.	Date of Closing.	Date of Opening.
Red Lane Infants'	8th May, 1905	5th June, 1905
South Street Infants'	7th April, 1905	1st May, 1905
Wheatley Street Infants'	17th April, 1905	10th May, 1905
Union Street Infants'	22nd March, 1905	20th April, 1905
Holy Trinity Infants'	15th May, 1905	19th June, 1905
St. Mark's Infants'	11th May, 1905	19th June, 1905
St. Peter's Infants'	7th April, 1905	2nd May, 1905
St. Osburg's Infants'	14th April, 1905	15th May, 1905

The Easter Vacation commenced on April 20th and ended on May 1st, 1905. The Whitsuntide Vacation commenced on June 9th and ended on June 19th, 1905.

In recommending your Sanitary Committee to make an order for the closing of the above departments for the periods named I advanced the following reasons:—(1) It is among infants that the disease is the most dangerous; (2) The interruption of the work of an infants' department is of less moment than that of the other departments; and (3) previous closures of departments for Measles in this town have invariably been followed by the lessening of the disease.

In two instances, where there were Sunday Schools in the same building, I wrote advising the closing of the Sunday Schools for like periods.

Disinfection after Measles is, I believe, of small consequence on account of the little tenacity, or rather the evanescence of the infection. As a precautionary measure, however, the above departments were disinfected during the periods of closure.

All of the houses notified to me as having Measles cases were visited by an Assistant Inspector; verbal instructions were given, when these appeared called for, in regard to isolation, etc., and a handbill of precautions was delivered at each house.

It must, I fear, be admitted that Measles is a disease over which a Sanitary Authority can exercise only a limited amount of control. I showed in my Annual Report for 1903 that a considerable proportion of the children under 10 years of age admitted into the City Hospital had a history of never having had Measles. It is clear, therefore, that it is by no means necessary for all children to suffer from it. And if our efforts are only partly successful to the extent of postponing the age at which the infection is contracted, this is a great deal, for the more advanced the age of the child, not only is he the less likely to contract the disease, but if he does contract it, he is the less likely to die from it.

Scarlet Fever.

Two hundred and forty-nine cases of this disease were notified during the year, and one death was registered as due to it. The distribution of the cases throughout the City is shown in the table on page 26, and also on the map at the end. It will be seen that no Ward was exempt from cases.

Of the 249 cases notified, 225 were admitted to the City Hospital; two of these were considered after admission to be suffering from Measles and not Scarlet Fever.

The accompanying table collects the information concerning the cases notified, deaths, numbers isolated in Hospital, percentage fatality, mortality, etc., from this disease during the past 36 years.

That there has been a steadily diminishing mortality from this disease during the past 36 years is shown clearly by grouping the years; in the past 10 years the mortality per 10,000 of the population has been 1.2; in the 10 years 1886 to 1895 it was 1.6; in the 10 years 1876 to 1885 it was 4.8; in the 8 years 1870 to 1875 it was 9.0; this diminished mortality may be due either to a lessening in the number of cases of the disease, or to a diminishing virulence or fatality of the disease; the number of years during which we have been able to obtain exact information concerning the number of cases occurring is small, dating back only to 1890; so far as these figures go they do not show a diminution in the amount of this disease; in the first half of the 16 years during which we have had notification the average number of attacks per 1,000 of the population has been 3.36; during the last 8 years the attack rate has averaged 4.87 per 1,000 of the population. That a diminution of the mortality is brought about by a diminution in the amount of the disease is therefore not substantiated by these figures. On the other hand, the number of cases notified in the 8 years 1890 to 1897 has been 1,538, of whom 49 have died, giving a fatality rate per cent. of 3.1; and in the 8 years 1898 to 1905 2,721 cases have been notified, of whom 74 have died, giving a fatality rate of 2.7. These figures therefore show—what we learn on all hands—that during recent years there has been an alteration in the character of this illness in the direction of making it less fatal. In fact at the present time the number of cases who actually die from it is so small that, if death from a disease were the only result to be contemplated, it might be questioned whether it is worth while to make special provision for its hospital treatment; death, however, is not the only untoward result to be thought of in connection with an illness; there are so many complications, of a troublesome character, which are liable to be met with in this illness that they assume a greater danger than the actual illness itself; these are discussed under the head of the Hospital treatment of the disease.

The enquiries which have been made concerning each case, the leaflets of precautions which have been distributed at those houses where cases of the disease have been nursed at home, the disinfection measures, and the prevention of school attendance of members of the same family, have been the same as those related in previous Reports.

Comparison of Scarlet Fever Cases, Removals to Isolation Hospital and Deaths from Scarlet Fever.

Year.	Estimated Population	Total No. of cases notified.	No. of deaths regist'rd	Fatality per cent.	No. of cases treated in Hospital	Attack rate per 1000pop.	Per-centage removed to Hospital	Mort'lity per 1000 popula-tion.	Average Mort'lity per 10,000.
1870	37,300		18					·48	9·0
1871	37,670		5					·13	
1872	38,100		8					·20	
1873	38,450		15					·39	
1874	38,950		149					3·82	
1875	39,446		16		12			·40	
1876	39,890		30		22			·75	4·8
1877	40,344		19		36			·47	
1878	40,778		20		34			·49	
1879	41,222		7		46			·16	
1880	41,666		36		90			·86	
1881	42,111		58		156			1·37	
1882	42,750		17		47			·39	
1883	44,000		2		26			·04	
1884	44,500		3		30			·06	
1885	45,000		10		97			·22	
1886	45,500		18		84			·39	1·6
1887	46,500		14		142			·32	
1888	47,500		6		162			·12	
1889	48,500		13		176			·26	
1890	49,500	67	2	3·0	58	1·35	86·5	·04	
1891	52,724	42	0	·0	37	·79	88·0	·0	
1892	54,000	38	0	·0	27	·70	71·0	·0	
1893	54,700	33	0	·0	25	·60	75·7	·0	
1894	55,300	385	13	3·3	319	6·96	82·8	·23	
1895	56,000	439	19	4·3	408	7·66	92·9	·33	
1896	59,151	313	9	2·9	288	5·29	94·2	·15	1·2
1897	61,234	221	6	2·7	216	3·60	97·7	·09	
1898	61,555	278	10	3·6	266	4·5	95·3	·16	
1899	61,796	188	3	1·6	183	3·0	97·3	·04	
1900	70,075	637	17	2·5	609	9·09	95 6	·24	
1901	70,300	781	18	2·3	384	11·1	49·1	·25	
1902	71,475	245	10	4 0	211	3·4	86·1	·14	
1903	72,684	121	5	4·1	110	1·6	90 9	·06	
1904	73,904	222	10	4·5	197	3·0	88·7	·13	
1905	75,134	249	1	·4	225	3·3	90·3	·01	

Small Pox.

Only one case of this disease was notified in the City during the year. This was the case of a Coventry man living in a Court in Much Park Street, who had been with his wife and two children on a visit to some friends at Chesterfield; in the same house there were two children who were ill with what was supposed to be Chicken Pox. After returning home he developed Small Pox; neither the wife nor children were affected. I communicated the facts to the Medical Officer of Health of Chesterfield, and learnt from him that three other cases of Small Pox had by that date arisen in adjoining houses in the same yard. The Coventry case was a comparatively mild one, and he was discharged from the Pinley Hospital after five weeks detention. The usual precautions concerning disinfection and re-vaccination were taken, and no spread of the infection occurred.

Vaccination.

The following are the returns of the Vaccination Officer for the seventeen years that have elapsed since the commencement of the anti-vaccination movement in Coventry:—

Year.	Births.	Deaths Unvaccinat'd	Vaccinated.	Unvaccinat'd	Percentage Vaccinated
1889	1512	187	1273	0	84·1
1890	1544	182	1221	111	79·0
1891	1727	228	587	888	34·0
1892	1718	174	118	1400	6·8
1893	1630	193	105	1304	6·4
1894	1590	170	103	1317	6·4
1895	1629	186	65	1378	3·9
1896	1679	251	594	834	35·3
1897	1928	220	151	1606	7·8
1898	1925	274	105	1545	5·4
1899	1888	203	1125	560	59·5
1900	2207	211	946	1050	42·8
1901	2112	247	1298	567	61·4
1902	2046	180	2076	666	101·4
1903	2169	167	2525	525	116·4
1904	2306	242	1901	532	82 4
1905	2152	181	1818	643	84·4

These returns refer to the whole Registration District, and therefore include figures relating to the Coventry Rural District. Further, it must be noted that though the births registered go to the end of each year, the vaccinations refer in recent years to births which took place in the last four months of each preceding year and the first eight months of each current year, and also to some extent to vaccinations among children left unvaccinated in previous years. This accounts for the apparent discrepancy in 1902 and 1903, when there were more vaccinations than births.

Mr. Montague Wilks, the Clerk to the City Justices, has kindly informed me that during the year 230 applications for exemption from vaccination were made to the Magistrates, all of which were granted. The following are the comparative figures for the six years during which the Vaccination Act of 1898 has been in force:—

	Applications made.	Certificates granted.
1898 (last half)	981	976
1899	70	70
1900	163	162
1901	163	159
1902	207	207
1903	231	231
1904	219	219
1905	230	230

The reasons why the number of births does not tally with the numbers given in the other columns are given above. As the figures stand they must be regarded as very satisfactory. It will be seen that no less than 84 per cent. of those born are vaccinated; 8 per cent. of those not vaccinated are accounted for by deaths before vaccination; while 11 per cent. are accounted for by the number of exemptions obtained; nothing more satisfactory under the present system of non-compulsory vaccination can be expected. When an epidemic of Small Pox is present, experience shows that the numbers of those vaccinated are swelled by vaccinations among older children who have escaped vaccination in previous years.

Typhoid Fever.

During the year 21 cases of this disease were notified, and 6 deaths were attributed to it. The comparison of these figures with those of previous years is given in the table on page 127. It is satisfactory to note that during the last three years the numbers of cases of this disease have been small.

Of the 21 cases notified 15 were admitted to the City Hospital, where, after admission, two were considered to be cases of Pneumonia, and not Typhoid Fever; of the remaining 13, 3 died; of the 6 who remained in their own homes, I have some reason to suppose that some might not have been Typhoid Fever; in one case, after notification, a second medical man was called in, who stated that the case was one of Acute Rheumatism; in the other two cases, both of which were fatal, I was asked to see the patients by the medical men in attendance, and was not of the opinion that they were Typhoid Fever, after all the circumstances were taken into consideration; in the 3 remaining cases, of which I had no information beyond the notification, one died. Beyond the cases mentioned above one further death was registered, which I am not counting in the returns for the year; the circumstances are peculiar, and I am therefore quoting the report I made to the Sanitary Committee on the matter on March 21st, 1905:—

"One death has been registered as due to Enteric Fever; this I am not including in my fortnightly return. The circumstances were that the medical man in attendance was doubtful as to whether the illness was Enteric Fever or not; the parents were in urgent need of the death certificate in order to obtain some insurance money for the purpose of burial; the medical man therefore signed the certificate and consulted me afterwards. I suggested that a post-mortem examination should be made, if the relatives were willing, and I offered to make the examination. This was done, and showed the cause of death was not Enteric Fever, but a ruptured Duodenal Ulcer. I have since been in communication with the District Registrar and with the Registrar-General on the matter, and I find that the law of death registration does not allow of the alteration of a death certificate without a statutory declaration being made, for which a fee would be payable, and also the payment of a fee to the Registrar. This point is very interesting. At the present time a medical man is bound to give, and without a fee, a certificate of the cause of death. This is a service which the State demands. In this particular case the medical man has gone to a considerable amount of trouble, and finds that his certificate is inaccurate. The State, instead of thanking him for his trouble in trying to make the records of death accurate, tells him that if he does wish to make these more accurate he must pay certain fees.

I have pointed this out to the Registrar-General, and he has suggested that the correction of the actual entry in the register can be dispensed with, and he will cause the correction to be made in the death returns. I propose doing this also in the Health Department records."

I have previously stated that of the 21 cases notified as Typhoid Fever I have reason to suppose that not more than 16 of them were really cases of this disease; of these 16 cases not less than seven occurred in members of one family, living in Chauntry Place; the father was the first one ill; his illness was not recognized as Typhoid Fever until some of the others fell ill with the disease; his wife and five children became ill, one of the latter was moribund when notified, and was therefore not moved to the City Hospital; two other children died within a few days after admission, not having been admitted until the third week of the illness; two children escaped, and these were removed to the Workhouse until their parents were well. Such a disastrous occurrence as this shows very clearly the importance of the early recognition and notification of the disease.

It is highly important to reserve beds for the admission of this disease at any time; during the year the Iron Hospital at the City Hospital, containing eight beds, has always been available for this disease.

Diphtheria.

The lessened prevalence of Diphtheria, which occurred in 1904—and which I foreshadowed in my Report for 1903—has continued throughout 1905. The number of cases notified in 1905 has been 67, and 13 of these have proved fatal. The comparison of these figures with those of previous years is shown in the table on page 127. This disease occurs in epidemic waves, extending over a period of years in an affected district, it then gradually lessens, and a period of years follows in which the incidence of the disease is comparatively slight. A series of years in which the rainfall is materially below the average appears to be the time when epidemic Diphtheria is most prevalent. The more we know of the causation of the illness, the more clear it becomes that it is in no way related to defective drains or other similar insanitary conditions.

Cases of this disease are not admitted, save under exceptional circumstances, into the City Hospital. Dr. Ballantyne, the House Surgeon of the Coventry and Warwickshire Hospital, informs me that two cases were admitted to that Hospital during the year.

Regarding the free supply of Serum for the treatment of cases of Diphtheria, I reported to your Sanitary Committee the results of its use in 1905 as follows:—

" Since 1902 your Committee have placed a free supply of Anti-diphtheritic Serum at the disposal of medical men in the City for the treatment of their cases of Diphtheria.

I now present a statement concerning the Serum supplied, and the cases in which it was used in 1905. During 1905, 56 cases of Diphtheria and 11 of Membranous Croup were notified, or 67 in all, and 13 deaths occurred. The comparison of these figures with recent previous years is given below:—

Year.		Cases.		Deaths.
1901	...	139	...	31
1902	...	157	...	31
1903	...	140	...	34
1904	...	78	...	11
1905	...	67	...	13

Applications for serum were made at the City Hospital in 41 instances. Reports concerning the results obtained have been received in 38 of these.

In the 38 reports received the dose of serum used has varied; in 14 cases, 2,000 units were used; in 23 cases, 4,000 units, and in 1 case 8,000 units.

The serum supplied is that of the Lister Institute.

The summary of the results is given below:—

Days of illness before use of serum.	Cases.	Deaths.	Percentage of Deaths.
1	8	1	12%
2	11	2	18%
3	7	1	14%
4	4	2	50%
5 or more	5	0	0
not stated	3	1	33%
	38	7	

These figures are too small for generalizations to be made from them, but it has been conclusively shown by the figures of large Hospitals that the earlier in the disease the serum is used the greater is the chance of recovery, and that after the fourth day of the illness the serum does not appreciably alter the likelihood of a fatal issue.

That it is not used early is generally due to the fact that some days often elapse before medical aid is called in. It is greatly to be regretted that it is not used in all cases.

In addition to its value as a curative agent, this serum has a distinct value as a preventive agent. Persons, such as nurses, who are brought into direct contact with Diphtheria patients are very liable to contract the disease; this liability is very considerably lessened if they are themselves injected with a small dose of the serum. This preventive action is one which wears off rapidly, but it may be of considerable use in any given case. In four cases during the year serum was applied for and used for this purpose."

In the four years prior to the free distribution of the serum by the Corporation the percentage of cases that died was 28.8; in the four years that it has been provided the percentage of deaths to cases has been 21.8.

From the point of view of the public health the early diagnosis of this disease is probably of more consequence than its treatment. The infection often is present in the throat before any clinical manifestations of the disease exist; those who are brought into relation with the disease often carry about the infection in their throats without themselves suffering from it; in this way children attending schools from infected houses often become the source of infection of others; the importance of their exclusion from school arises from this cause; further, after the disease clears up, and the patient is apparently well, the infection may still be present in the throat; in the absence of a bacteriological examination it is not possible to say that the infection is at an end; in fact, to make absolutely certain of freedom from infection three successive negative bacteriological examinations should be made. An instance of the importance of this arose during the year. A boy, living at a boarding school in Coventry, was staying at Barmouth, and while there was notified as suffering from Diphtheria, and was isolated in a house; the parents feeling that he, when apparently better, was being unnecessarily detained, called in another medical man, who after simply looking at the throat, gave a certificate that he was not suffering from Diphtheria, and the boy was brought back to Coventry; the Medical Officer of Health of Barmouth communicated the facts to me; I visited the boy, who was apparently well; I took a swab from the throat, which on examination was found to contain Diphtheria Bacilli; on my advice his isolation was continued until further examination later gave negative results; in this case, as the boy would have mixed with others in the boarding school, the results might have been very serious.

In order that the assistance of bacteriological examination may be at the disposal of medical men for the early diagnosis of cases, for the detection of "carrier" cases, as those cases are called where the infection is present but the disease does not develope, and for the determination of the cessation of infection, it is advisable for the Sanitary Authority to provide this assistance; this is already done by a large number of local authorities; in fact, this City is the only part of Warwickshire where this is not done. Very few medical men have either the time, the necessary technical training, or the laboratory for doing this work; it is best done in a special laboratory by a bacteriologist who is giving his whole time to this kind of work. Until this is done we are not doing everything in this City which is possible to lessen and mitigate the evils of this disease.

Whooping Cough.

Only one death was registered as due to this disease during the year; this is the smallest death roll from this disease in any one year of which we have a record, and our records go back to 1870.

Erysipelas.

Ninety-five cases of this disease were notified, and five deaths were attributed to it. The risk of this disease spreading to others in the household is so small that it is not clear why it was included in the list of diseases in the Notification Act. It is only when it occurs in the surgical wards of a hospital, or among surgical or puerperal cases, that its infectiousness is of consequence.

Puerperal Fever.

Four cases of this disease were notified, and all of them proved fatal. It is possible that this number does not include some other cases that properly should be designated by this name, and that the non-notification of these is dependent on the fact that there is always a reluctance to admit the presence of this complication.

All of the four cases notified occurred in the practice of midwives. In the course of time the effect of the Midwives' Act, 1902, will be that the totally untrained midwife will disappear, and be replaced entirely by those who have received some definite course of training; a greater degree of cleanliness and care may therefore be hoped for from this class of women, and the number of cases of this illness should correspondingly diminish.

Tuberculosis.

During the year 75 deaths were attributed to Phthisis, or Tuberculosis of the Lungs, 1 to Tuberculosis of the Larnyx, 12 to Tuberculosis of the Brain, 6 to Abdominal Tuberculosis, 8 to General Tuberculosis, and 2 to other forms of Tuberculosis, making a total of 104 deaths due to this disease.

I was able last year to record the fact that the death rate from this disease was lower in 1904 than in any previous year on record, and I can now say that in 1905 it was still lower. The gradual diminution in the death rate from this disease is shown by the average rates in grouped years in the table accompanying. The number of people who now die of Phthisis in every 1,000 of the population is only about one-half what it was 35 years ago; the diminution has also taken place in the other forms of the disease, but among these the difference is not so great. I have previously pointed out the dependence which this disease has on everything which we commonly understand as the sanitary condition and surroundings of houses. The improvement which has been effected is coincident with the passage of the Public Health Act of 1875 and subsequent amending Acts. Every alteration in the way of better lighting and better ventilation of houses may be expected to have an influence in diminishing this disease. All new houses that are built or have been built since building bye-laws were enforced are built with some regard to lighting and ventilation; the size of rooms, and the space around dwellings receive attention; this has not always been the case in the earlier history of this City, when dwellings were built in Courts, ventilated often on one side only, and very little air-space around, and often no possibility of the entrance of the sun's rays. Now that the City is so rapidly extending, the proportion of more healthy houses is correspondingly increasing, and the proportion of the old Court houses built within the boundary of the old wall is diminishing; the effect of these houses on the general vital statistics is therefore becoming less, quite apart from the gradual lessening of their numbers through demolition for improvements and the gradual improvements taking place in them through the action of the Sanitary Authority.

It remains for me to mention those measures which have been adopted with a view especially to the prevention of this disease. Each week the death returns are gone through, and all returns of deaths which, from the certified cause of death, suggest or intimate that the cause of death was some infectious form of Tuberculosis, are selected, and the premises are visited. Certain particulars are obtained concerning the length and character of the illness, etc.; the bedding and clothes of the deceased are taken away, disinfected, and returned, except in a very small number of cases where the friends object to this course; the particulars of each case are reported to me, and it is then determined in each case what amount or kind of disinfection is required; in most cases this includes some limewashing, and papering of the rooms, and the scrubbing of the floors with disinfectants; for this last purpose Chloride of Lime in water is recommended; in some cases it is not considered necessary to strip the walls of paper and re-paper, but the rubbing down of the paper on the walls with dough is considered sufficient; where any limewashing or similar cleansing is required, I present a certificate to this effect to your Sanitary Committee, under Section 46 of the Public Health Act, 1875, and on the order of that Committee the owner or occupier is called on to carry out this work. During the year these enquiries have been made in 75 instances, and some amount of disinfection has been done in all of these cases.

Some of the particulars obtained in these cases are instructive:—

Concerning the occupations of those who died from this disease, the numbers in the several occupations were as follows:—Housewives, 21; machinists, 16; watchmakers, 5; printers, 3; cycle polishers, 2; labourers, 7; publicans, 2; clerks, 2; school-children, 3; and one each of the following: foundry-worker, joiner, mineral-water bottler, drayman, pork-butcher, hotel-porter, grocer's assistant, dyer, engineer, wood-pattern maker, silk-weaver, hosier, official, and of no occupation.

Concerning the duration of the illness: in 23 cases it was under one year, in 25 in was from one to two years, and in 26 it extended over two years. No information was obtainable in one case. The cough had lasted—according to the history obtained—in 12 cases for over two years, in 17 cases from one to two years, in 43 cases it had been of less than a year's duration, and in two cases there was no history of cough. No information in one case.

The confinement to bed in 24 cases was a week or less; in 17 instances it was over one week and less than 3 weeks; in 32 cases it was over three weeks, in two of these extending to six months. No information in two cases.

The rent of the houses occupied is some indication of the size, and therefore of the airiness of the houses; in 5 instances the houses occupied were of rentals of over £20; in 23 cases it varied from 6/- to 8/6 per week; in 19 cases it was from 4/6 to 6/-; and in 19 cases it was under this amount. No information on the question of rent in 8 cases. One death occurred in an Industrial Home.

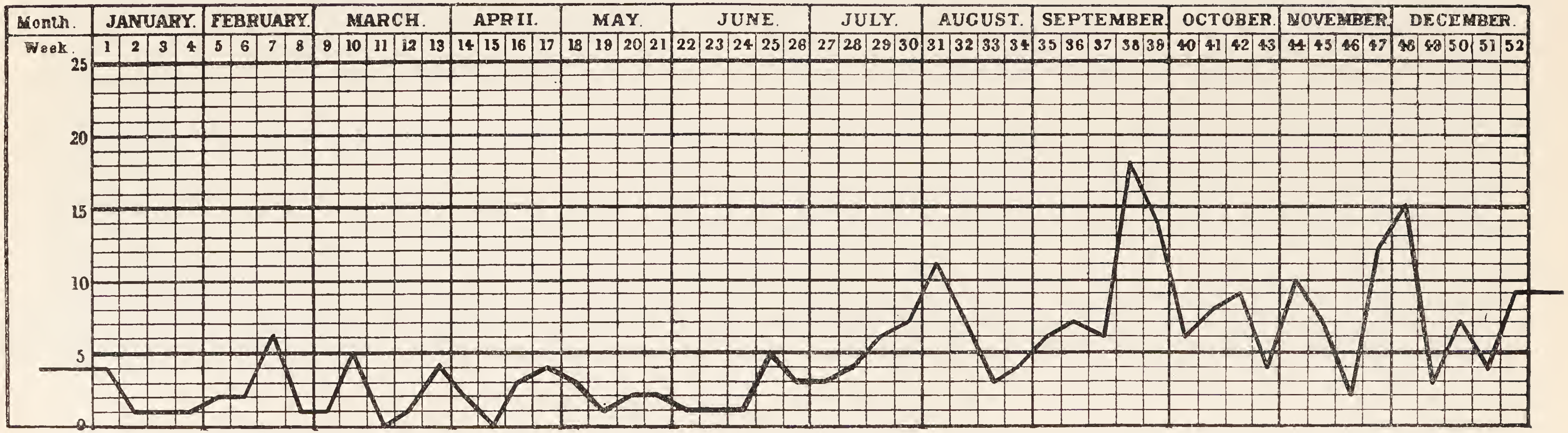
A similar feature is brought out by the number of bedrooms in the houses; in no less than 30 houses the bedrooms numbered either one or two; in 34 houses there were three bedrooms; in five there were four bedrooms; in three houses there were five bedrooms; and in two houses there were six or more bedrooms. In no less than 15 instances the houses were not through-ventilated.

Deaths from Tuberculosis during the last 32 years.

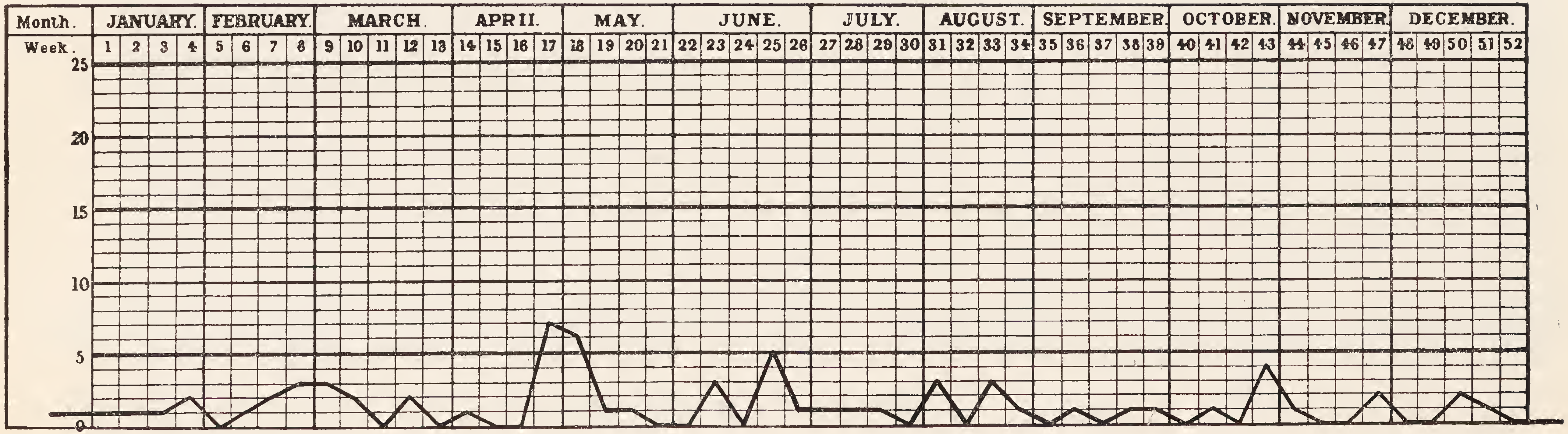
Year.	Estimated Population.	Phthisis.	Phthisis. Death Rate.	Other forms of Tuberculosis.	Totals.	Tuberculosis. Death Rate.	Averages. Tuberculosis. Death Rates.
1874*	39,000	38	1·94	12	50	2·56	2·53
1875	39,446	83	2·14	34	117	2·96	
1876	39,890	70	1·76	22	92	2·30	
1877	40,344	66	1·63	29	95	2·35	
1878	40,778	84	2·06	13	97	2·37	
1879	41,222	89	2·15	22	111	2·68	
1880	41,666	78	1·87	36	114	2·74	2·15
1881	42,111	65	1·54	28	93	2·20	
1882	42,750	62	1·47	22	84	1·96	
1883	44,000	74	1·78	15	89	2·02	
1884	44,500	82	1·84	18	100	2·24	
1885	45,000	72	1·60	16	88	1·74	
1886	45,500	60	1·31	13	73	1·60	1·93
1887	46,500	70	1·50	25	95	2·04	
1888	47,500	61	1·28	15	76	1·60	
1889	48,500	103	2·12	11	114	2·33	
1890	49,500	91	1·84	21	112	2·26	
1891	52,724	78	1·47	14	92	1·74	
1892	54,000	79	1·46	33	112	2·07	1·82
1893	54,700	70	1·28	30	100	1·82	
1894	55,300	73	1·32	32	105	1·88	
1895	56,000	70	1·25	27	97	1·73	
1896	59,151	86	1·45	19	105	1·78	
1897	61,234	69	1·12	33	102	1·66	
1898	61,555	64	1·03	28	92	1·49	1·74
1899	61,796	85	1·37	29	114	1·84	
1900	70,075	105	1·49	36	141	2·01	
1901	70,300	83	1·18	35	118	1·67	
1902	71,475	81	1·17	39	120	1·67	
1903	72,684	87	1·19	43	130	1·78	
1904	73,904	78	1·05	30	108	1·46	1·42
1905	75,134	75	·99	29	104	1·38	

*Latter half of year only.

SCARLET FEVER 1905



DIPHTHERIA 1905.



Cancer.

During the year 52 deaths have been registered as due to different forms of malignant disease. In the death returns these were designated as follows:—

Carcinoma	27
Malignant disease, growth, or tumour ...	10
Scirrhus	4
Sarcoma	1
Cancer	5
Epithelioma	4
Rodent Ulcer	1

The frequency with which the different parts of the body were affected was as follows:—Œsophagus, 1; Rectum, 1; Stomach, 11; Pylorus, 6; Mesentery, 1; Colon, 2; Liver, 11; Pancreas, 3; Abdomen, 1; Uterus, 2; Tongue, 2; Larynx, 3; Scalp, 1; Breast, 4; Superior Maxilla, 1; Face, 2.

All of the deaths took place at ages from 25 upwards, more than one-half occurring between the ages 55 to 75. Only one of the twelve Wards was without its deaths from this form of disease.

Alcoholism.

Six deaths were registered during the year as due to Acute or Chronic Alcoholism; 13 others to Cirrhosis of the Liver; the cause of this disease is in the vast majority of cases alcohol. The deaths of 5 infants were brought about by over-laying; the cause of this is generally excessive indulgence in alcohol on the part of the parents; it is certain that alcohol entered as a causative factor into a number of the deaths due to violence or accident. It is further in the highest degree probable that the fact that death certificates have to be handed by the medical attendant to the relatives, and by them given to the Registrar, occasionally causes the certificate to carry a more colourless designation as the cause of death, out of respect for the feelings of the relatives. The actual effect of alcohol on the death roll is one which it is impossible to ignore.

PUBLIC HEALTH AND ALCOHOL.

The importance of the relationship of Alcohol to the Public Health was brought before your Sanitary Committee and also before your Council during the year. On this subject I reported on September 19th to your Sanitary Committee as follows:—

"My attention has been drawn by Mr. Councillor Smith to a Bill or placard on this subject which has been posted up in various positions in Woolwich by the Borough Council, viz., at the Council Offices, Depôts, Conveniences, etc. I undertook to bring the matter before your Committee to see whether your Committee would take the responsibility of issuing a similar bill in Coventry.

I find that quite a number of the Metropolitan Borough Councils have adopted a similar course. This course is the outcome of the findings of the Inter-departmental Committee on Physical Deterioration. That Committee received a large amount of evidence concerning the connection which undoubtedly exists between alcoholic excess and the degeneration of those addicted to this excess. It has, I think, been shown conclusively that the lunacy statistics are largely influenced by the excessive use of alcohol.

The Committee say (among other things):—

> 'Next to the urbanization of the people, and intimately associated with it, as the outcome of many of the conditions it creates, the question of "drink" occupies a prominent place among the causes of degeneration. The close connection between a craving for drink and bad housing, bad feeding, a polluted and oppressing atmosphere, long hours of work in over-heated and often ill-ventilated rooms, only relieved by the excitements of town life, is too self-evident to need demonstration, nor, unfortunately, is the extent of the evil more open to dispute.'
>
> 'As the result of the evidence laid before them, the Committee are convinced that the abuse of alcoholic stimulants is a most potent and deadly agent of physical deterioration.'

And in its conclusion the Committee includes the following:—

> 'The Committee believe that more may be done to check the degeneration resulting from "drink" by bringing home to men and women the fatal effects of alcohol on physical efficiency than by expatiating on the moral wickedness of drinking. To this end they advocate the systematic, practical training of teachers to enable them to give rational instruction in schools on the laws of health, including the demonstration of the physical evils caused by drinking. At the same time, the Committee cannot lose sight of the enormous improvement which has been effected in some countries, and might be effected in this country, by wise legislation.'

That this question is one intimately associated with the public health it would be difficult to deny. The methods of remedy are matters about which there may be great difference of opinion. It is probable, however, that all would admit that the diffusion of a knowledge of the facts which appear clear cannot but be useful."

The Report then set forth the placard used at Woolwich with slight modifications. Your Sanitary Committee decided not to issue any corresponding bill. The matter was subsequently before your Council on October 10th, and your Council decided against the issue. Since that time similar placards and circulars have been issued in many towns. The following is one which has been circulated and placarded very widely in Preston:—

PHYSICAL DETERIORATION AND ALCOHOLISM.

The Report of the Committee, appointed by the Government to consider the above subject, has, by command of His Majesty, presented to Parliament the following statements:—

The abuse of Alcoholic Stimulants is a most potent and deadly agent of physical deterioration.

Alcoholic persons are especially liable to Consumption and all inflammatory disorders.

In abstinence is to be sought the source of muscular vigour and activity.

The Lunacy Returns show that as a result of excessive drinking, there is a large and increasing number of persons of both sexes admitted to the Asylums.

The following facts are recognized by the Medical Profession, and are now published in order to carry out the recommendations of the Committee, and to bring home to men and women the fatal effects of Alcoholism on physical efficiency:—

(1) Alcoholism is a chronic poisoning, resulting from the habitual and excessive use of Alcohol (whether as Spirits, Wine, or Beer) although this may not go so far as drunkenness.

(2) The abuse of Alcohol not only weakens a man's physical condition, and saps his strength, but also acts upon his nervous system, weakening his self-control, exciting his passions, and so leading to crimes, of which numbers are committed under its direct influence.

(3) It is a fruitful cause of accidents, in which not unfrequently, through the fault of an individual, the lives of many persons are endangered or destroyed.

(4) It is not only the direct cause of many fatal diseases, but it also aggravates, and adds to the danger of all acute illnesses, especially those of an infectious nature, which latter are well known to be especially fatal in alcoholic subjects.

(5) The children born of drunken parents are frequently feeble from birth, and inherit a direct tendency to many forms of physical and mental disease.

(6) Too frequently the home of the confirmed drunkard may be recognized by its dirt and squalor, his family are neglected, his children ill-fed and untaught, whilst his own life, drifting from bad to worse, not seldom ends in a premature grave.

(7) In short, Alcoholism is a most terrible enemy to personal health, to family happiness, and to national prosperity.

This was signed by the Mayor and the Medical Officer of Health, and in the form of a circular was delivered at every house in the Borough. Larger bills were posted at posting stations. Similar bills have been issued by at least 54 Sanitary Authorities. In Coventry the distribution of a leaflet on the lines of that of Preston has been undertaken by the Coventry Women's Christian Temperance Association.

The determination of the advisability of the issue of such bills involves two questions: (1) Whether the weighty findings of the Committee on Physical Deterioration should be made known as widely as possible; and (2) whether the method by poster and circular is the best method. It may readily be conceded that the effect produced by such posters may be less than that desired, but that posters do have a great effect in influencing the public mind is fully proved by the enormous sums which large firms are willing to spend yearly on advertising posters. Unless some such course as this be adopted the weighty findings of that important Committee will probably remain within their blue covers, and the general populace will have no chance of knowing of them. Most active Sanitary Authorities adopt the advertisement plan, either by posters or circulars, concerning many other things—*e.g.*, infant feeding, infectious diseases, and numerous other matters which may influence health. Why should a Sanitary Authority stop short at advertising the evil effects of the abuse of alcohol? To anyone practically acquainted with the poverty and insanitary conditions of great cities, it is almost irrefutable that poverty, insanitary surroundings, filth, misery, overcrowding, ill-health, and death are much more intimately associated with the evil effects of alcohol than many other matters to which greater attention is given.

Cerebro-Spinal Fever.

No deaths were registered as due to this disease in 1905, though two were attributed to it in the previous year. Owing to the prevalence of the disease in certain other parts of the world the Local Government Board issued a Memorandum dealing with the disease in August of last year. On the instruction of your Sanitary Committee, I forwarded a copy of this Memorandum to all medical men practising in the City, together with the accompanying letter:—

September 22nd, 1905.

Dear Sir,

Enclosed is a copy of a Memorandum on Cerebro-Spinal Fever recently issued by the Local Government Board.

The Board sees no reason for apprehending that this disease is likely at the present time to become epidemic in this country; but owing to the fact that its recent prevalence in Central Europe and in America has suggested the possibility of the disease becoming epidemic in this country, the Board has issued this Memorandum to all Local Sanitary Authorities in order that these shall be on the alert to detect the presence of the disease in their districts, and has suggested that copies of this Memorandum should be sent to the medical men in each district.

I am instructed by the Sanitary Committee to distribute copies of this Memorandum in accordance with this suggestion.

Yours faithfully,

E. H. SNELL,

Medical Officer of Health.

Other Causes of Death.

I am appending to this Report an extended schedule of the causes of, and ages at, death, of those deaths properly belonging to the district which occurred during the year. This gives more detailed information in regard to the causation of death, and is divided into smaller age groups than the table on page 27.

No less than 41 deaths were attributed to accident or negligence, including those due to suicide.

Uncertified Deaths.

All deaths regarding which a medical certificate is not forthcoming, and concerning which no inquest has been held, are to be regarded as uncertified. Sixteen such deaths have occurred during the year. The causes of these deaths not being ascertained they escape classification.

Still-Births.

There are in this country no requirements in regard to the registration of still-births. It is not therefore possible to say how many occur; further, the bodies of the still-born may be disposed of in any way which may appear most fitting to those concerned; there is no necessity at all that they should be buried in a cemetery. The potentialities for the criminally disposed are large.

The only still-births of which information is available are those which are buried at the cemeteries as such. Mr. Cattell, the Superintendent of the Coventry Cemeteries, has kindly made a monthly return of these to me during the year. From these returns I find that during the year there were buried 100 bodies of children certified as still-born in the two Cemeteries of the City; of these, 56 were certified as still-born by medical men, and 44 by midwives, or other women acting as such.

Inquests.

Eighty inquests appear to have been held during the year. In 24 of these the death was ascribed to disease. In the remaining 56 the originating cause, as indicated by the verdicts, appeared to be the following:—Drowning, 2; cut-throat, 2; falls, 9; over-laying, 5; burns, 8; starvation, 1; injuries, 8; poisoning, 5; alcohol, 4; improper feeding, 4; run over, 1; hanging, 3; firearms, 1; suffocation, 2; strangulation, 1.

Eight of these inquests related to non-residents, of whom seven had been admitted to the Coventry and Warwickshire Hospital.

Weekly Returns under the Infectious Disease (Notification) Act, 1889.

WEEK ENDING.	Small Pox.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Typhoid Fever.	Continued Fever.	Puerperal Fever.	Erysipelas.
1905								
January 7	..	4	1	..	..	..	..	..
,, 14	..	1	..	1	..	..	..	..
,, 21	..	1	1	..	..	..	..	..
,, 28	..	1	1	1	..	..	..	2
February 4	..	2	..	..	1	..	..	1
,, 11	..	2	1	..	..	..	..	2
,, 18	..	6	1	1	..	..	..	..
,, 25	..	1	2	1	1	..	..	2
March 4	..	1	2	1	..	..	..	..
,, 11	..	5	2	..	..	..	..	1
,, 18	..	..	..	..	..	..	..	..
,, 25	..	1	2	..	..	..	..	4
April 1	..	4	..	..	..	..	..	..
,, 8	..	2	1	..	1	..	..	4
,, 15	..	..	..	..	1	..	..	1
,, 22	..	3	..	..	8	..	..	..
,, 29	..	4	7	..	1	.	..	2
May 6	..	3	5	1	..	..	..	1
,, 13	..	1	1	..	3	..	1	1
,, 20	..	2	..	1	..	..	..	2
,, 27	..	2	..	..	..	..	..	2
June 3	..	1	..	..	1	..	..	1
,, 10	..	1	1	2	..	..	..	1
,, 17	..	1	..	..	..	..	..	..
,, 24	..	5	5	..	..	..	..	4
July 1	..	3	1	..	1	..	..	2
,, 8	1	3	1	..	..	..	..	..
,, 15	..	4	1	..	..	..	..	1
,, 22	..	6	1	..	..	..	..	1
,, 29	..	7	..	..	..	..	..	2
August 5	..	11	3	..	1	..	..	..
,, 12	..	7	..	..	..	..	..	..
,, 19	..	3	2	1	..	..	..	3
,, 26	..	4	1	..	..	..	..	1
September 2	..	6	..	..	..	..	..	3
,, 9	..	7	1	..	..	..	..	2
,, 16	..	6	..	..	1	..	..	4
,, 23	..	18	1	..	..	..	1	2
,, 30	..	14	..	1	..	..	..	5
October 7	..	6	..	..	..	..	..	6
,, 14	..	8	1	..	..	..	..	2
,, 21	..	9	..	..	..	..	..	4
,, 28	..	4	4	..	..	..	1	3
November 4	..	10	1	..	..	..	..	1
,, 11	..	7	..	..	..	..	1	6
,, 18	..	2	..	..	..	..	..	3
,, 25	..	12	2	..	..	..	..	3
December 2	..	15	..	..	..	..	..	4
,, 9	..	3	..	..	..	..	..	..
,, 16	..	7	2	..	..	..	..	1
,, 23	..	4	1	..	1	..	..	1
,, 30	..	9	..	..	..	..	..	4
TOTAL	1	249	56	11	21	..	4	95

Total .. 437.

The City and Pinley Isolation Hospitals.

During the year the City Hospital has been used for the isolation of Scarlet Fever and Typhoid Fever patients, and the Pinley Hospital for the isolation of Small Pox patients.

At the two Hospitals 329 patients have been under treatment; 60 patients were remaining in the City Hospital at the beginning of the year, and 269 were admitted during the year; of this number 266 (including 8 sick Staff) were admitted to the City Hospital, and 3 to the Pinley Hospital. The whole of these were admitted from the area of the City with the following exceptions:—15 cases of Scarlet Fever were admitted from the Meriden Rural District, and 2 cases of Small Pox from the Foleshill Rural District.

During the year 381 visits were paid to the City Hospital, and 34 to the Pinley Hospital. Also, at the request of medical men, I visited 45 doubtful cases of infectious disease at their own homes with a view to assisting in the diagnosis.

Particulars concerning the admissions, discharges, deaths, and diseases are given in the accompanying table:—

	Disease.	In Hospital Jan. 1, 1905.	Admitted 1905.	Total.	Recovered.	Died.	In Hospital Jan. 1, 1906.	Death Rate per cent.
City Hospital.	Scarlet Fever	55	238	293	245	1	47	·4
	,, ,, Staff	..	4	4	3	..	1	
	Measles (admitted as Scarlet Fever)	..	2	2	2	..	..	..
	Typhoid Fever	3	13	16	13	3	..	18.7
	Pneumonia (2 admitted as Typhoid Fever) ..	..	3	3	3	..	..	..
	Sick Staff	2	6	8	8	..	..	..
Pinley Hospital.	Small Pox..	..	3	3	3	..	..	..
		60	269	329	277	4	48	1·4
			329			329		

Concerning the character of the illnesses met with among the patients admitted to the Isolation Hospitals it is desirable that something should be said. The low fatality that nowadays accompanies Scarlet Fever has been already commented on. The possibility of death supervening in any illness is not, however, the only consideration rendering that illness of importance; there are complications which may arise, and which may leave undesirable after-effects; this is especially the case in Scarlet Fever; in this disease there are many complications which are liable to occur, which, if unattended to, may lead to untoward results, such as deafness, following abscess in the ears, or kidney mischief. I find, on going through my notes of the cases for 1905, that out of 243 cases, only 124 went through the course of the illness without one or more of the complications peculiar to Scarlet Fever; 39 had discharges from the ears owing to inflammation and suppuration in the middle ear; one of these developed Mastoid disease, which required an operation from which he made a good recovery; 4 others had earache without any subsequent discharge; 32 had Rhinitis; 40 Adenitis; 25 had some amount of Albuminuria, indicating Kidney mischief; 9 had Rheumatism; 2 suffered from a secondary rash; 2 Bronchitis; 1 Pyæmia; 1 Herpes Zoster; 1 Periostitis; 1 Purpura; 1 Erythema Nodosum; and 2 Enteritis; in five cases there was a history of a previous attack of Scarlet Fever; some of these had been admitted previously into the City Hospital, and their notes showed that they had had definite attacks of Scarlet Fever; in two there were distinct relapses.

Six "return" cases arose during the year; by a return case is meant that after the discharge of a patient from Hospital, within a short time a fresh case of Scarlet Fever arises in the same house; it is the experience of all Scarlet Fever Hospitals that these cases cannot be entirely prevented; even where the period of detention in Hospital is prolonged they still arise; the difficulty which has to be encountered is the fact that there is no certain indication when the infectivity of the patient ceases; it was formerly thought that the cessation of the peeling of the skin was the best criterion; it is, however, certain that in many cases the infectivity has disappeared before the peeling is complete, while in other cases it persists long after; the discharges from the ears and nose are certainly very infectious; in some few cases, however, these discharges persist for a long time, even months, and it is not possible to say with certainty how long these discharges remain infectious. In Small Pox, return cases are unknown; the reason for this is that the final separation of the "seeds" or dried-up pocks is an infallible guide to the cessation of the infection. It is possible that some few "return cases may owe their origin to the fact that on the removal of the first case to the Hospital the child's clothes or toys are put away, and not all handed over for disinfection; then on the child returning home these are brought out, and the second case accounted for; in other cases it happens that a child, who may or may not have had a discharge from ears or nose while in the Hospital, leaves the Hospital without any discharge; a slight chill or cold is contracted, and a discharge is set up; such discharges are often undoubtedly infectious. In order to draw attention to this danger and to lessen the likelihood of return cases it has been the custom for years to send the following notice to the relatives of every Scarlet Fever patient before he leaves the Hospital:—

CITY HOSPITAL.

INSTRUCTIONS TO PARENTS.

Every effort is made to ensure that the children are free from infection when discharged from the Hospital, but it is exceedingly difficult to be quite sure of this; parents are therefore urged in cases of Scarlet Fever to observe the following precautions:—

Whenever it is possible, the child should be sent for a short time to a house where there are no children, but when this cannot be done, care should be taken that the child does not kiss the other children of the family, or come into close contact with them, so far as this can be prevented. The child should on no account be allowed to sleep with the others, as this is particularly dangerous.

A bath must be given every night, carbolic soap being used.

Discharges from the ears and nose are very infectious, and if discovered to exist, advice should at once be sought from the medical attendant, or at the City Hospital.

The child should be taken into the fresh air as much as possible, but must not be sent to school, or into any other assembly of children for at least a fortnight.

E. HUGH SNELL, M.D.,
Medical Superintendent.

In spite of this warning it is by no means an uncommon sight to see a mother accompanied by one or more children coming to the

Hospital to fetch away another child on his discharge, when general salutations occur on the reunion.

On three occasions during the year Chicken Pox has been introduced into the Wards; in these cases the children were admitted with Scarlet Fever, and had contracted the infection of Chicken Pox before admission, being in the incubation stage of the disease; on the completion of this stage the characteristic eruption occurred; on this, the children were at once put into a separate Ward; the disease, however, is one which spreads with great facility when introduced into a Ward for only a very short space of time; on account of these introductions of the disease eight other children contracted the infection.

Of the 15 cases admitted as Typhoid Fever, two were considered after admission not to be suffering from this disease, but to have Pneumonia. Concerning the remaining 13 cases of Typhoid Fever, I regret that I am not able to record the continuance of the remarkable series of absence of fatality that I have been able to record in recent years; last year I was able to report that we had admitted in a number of years a consecutive series of 101 cases with only one fatality. Of the 13 cases of Typhoid Fever admitted in 1905, three died; all of these three had, however, been suffering from the disease for at least three weeks before admission to the Hospital; one was only admitted five days before death, and another seven days before death; both of these were hopeless from the first; all three died from perforation; operation was recommended in the case of one of these, but the relatives would not consent to it. The diagnosis of this disease in the first few days is excessively difficult; it should, however, be recognized before the end of three weeks, and where the home circumstances are such that they cannot be properly nursed at home, patients should be moved to Hospital without any delay. The chances of recovery are thereby enormously increased.

The several parts of the Hospitals were open during the following lengths of time:—

City Hospital	North Pavilion	282 days.
	South ,,	276 ,,
	West ,,	243 ,,
	East ,,	206 ,,
	Iron Hospital	333 ,,
Pinley Hospital		115 ,,

The average periods of stay of those patients who were admitted during the year were as under:—

City Hospital - - - - -	48.5 days.
Pinley Hospital - - - -	47.0 „

The average duration of stay of Scarlet Fever patients was 49.1 days; and that of Typhoid Fever patients 47.2 days.

The maximum, average, and minimum numbers of patients in the two Hospitals were as under:—

	Maximum No. of Patients.	Average No of Patients.	Minimum. No. of Patients.
City Hospital	65	36.5	16
Pinley Hospital	2	—	0

The comparison of these figures with those of previous years is given below:—

CITY HOSPITAL.

Year.	Maximum No. of Patients.	Average No. of Patients.	Minimum No. of Patients.
1894	132	37	4
1895	99	58	30
1896	89	45	10
1897	65	33	12
1898	75	41	15
1899	86	40	16
*1900	129	88.9	45
*1901	107	58.2	30
1902	45	35	24
1903	49	15.9	3
1904	62	28.9	7
1905	65	36.5	16

The number of beds for which the City Hospital is constructed is 62, so that at no time during the past four years has that Hospital been overcrowded.

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* In these years the Pinley Hospital was used as a Convalescent Scarlet Fever Hospital, and the figures relate to both Hospitals.

The following figures represent the number of patients that have been admitted annually to your Hospitals since the opening of the City Hospital in 1874:—

1874—	12	1884—	34	1894—	355
1875—	14	1885—	101	1895—	408
1876—	22	1886—	111	1896—	313
1877—	38	1887—	158	1897—	234
1878—	54	1888—	189	1898—	283
1879—	76	1889—	210	1899—	257
1880—	90	1890—	83	1900—	610
1881—	156	1891—	91	1901—	405
1882—	48	1892—	72	1902—	246
1883—	34	1893—	65	1903—	211
				1904—	278

The current expenses of the City Hospital during the last financial year, ending March 31st, 1905, amounted to £2,420 5s.; those for the Pinley Hospital to £442 14s. 10d.

The character of these expenses is set out below:—

YEAR ENDING MARCH 31ST, 1905.

By City Hospital:—	£	s.	d.
Acknowledgments ...	0	10	0
Rates, Taxes & Insurance	162	1	0
Alterations, Repairs, Furniture, etc ...	224	4	3
Telephone	6	5	0
Provisions	657	1	11
Drugs and Appliances ...	66	5	2
Drapery	89	12	10
Fuel and Lighting ...	343	9	6
Ironmongery, etc. ...	65	1	4
Carriage	0	7	2
Stationery, Printing and Advertising	19	7	7
Temporary Medical Attendance at Hospital	5	15	6
Medical Officer, Salary as Medical Attendant at Hospital	150	0	0
Temporary Nurses ...	28	9	0
Wages of Matron & Staff	587	14	9
Matron, Disbursements	14	0	0
	£2420	5	0
To Fees for Maintenance of Patients, etc. ...	81	14	0

YEAR ENDING MARCH 31ST, 1905.

By Pinley Hospital:—	£	s.	d.
Fuel and Lighting ...	42	17	3
Rates, Taxes & Insurance	14	3	3
Provisions	81	13	3
Drugs, etc.	12	2	5
Ironmongery, etc. ...	20	14	1
Repairs, etc.	139	19	1
Drapery	8	8	9
Telephone	11	0	0
Stationery, etc.	11	4	7
Haulage and Carriage ...	1	16	6
Disinfectants	4	12	6
Boots	0	13	10
Expenses of Candidates (Caretaker)	7	13	5
Car Hire...	0	12	6
Wages of Staff	85	3	5
	£442	14	10
To Fees for Maintenance of Patients	255	0	0

The current quarterly expenses for the two Hospitals in 1905 were as under:—

	City Hospital.			Pinley Hospital.		
	£	s.	d.	£	s.	d.
1st Quarter -	588	14	9	66	11	6
2nd Quarter -	525	9	2	66	18	8
3rd Quarter -	359	10	5	26	8	9
4th Quarter -	558	10	10	10	4	9
	£2032	5	2	£170	3	8

During the same time there were received on account of patients from outside districts £165 7s. 6d. for patients admitted to the City Hospital, and £126 6s. for patients admitted to the Pinley Hospital.

It should be stated that the expenses of the Pinley Hospital appear somewhat less than they should properly be, since, as it is worked as a Branch Hospital, some of the expenses of the Central Hospital, such as medical supervision, matron's services, loan of stock, etc., should properly be debited to the Pinley Hospital, which for the sake of convenience in the accounts is not done. During the first two quarters for over 11 weeks the Hospital was in use for two patients from an outside district; during this time the Staff consisted of the caretaker and his wife (who did the cooking and cleaning), of a day nurse, a night nurse, and a laundress, and at times of a third relief nurse; this exceptionally large staff was necessitated by the exceptionally troublesome features of one of the patients, who was an adult imbecile. In the third quarter, when the one Coventry patient was present, the staff consisted of the caretaker, his wife, one day nurse, and one night nurse.

For the City Hospital the sum above stated for maintenance expenses, divided among the average number of patients, amounts to £1 1s. 7d. per head per week.

The average sum expended per week at this Hospital on diet amounted to £11 0s. 3d.; this, divided among the average number of patients and boarded staff, comes to 3s. 11½d. per head per week. I venture to express the opinion that, considering the quality of the food provided, this sum could not very well be reduced.

For the Pinley Hospital the maintenance expenses, divided among the average number of patients who were in the Hospital during the 18 weeks when the Hospital was open, amounted to £7 17s. 6d. per head per week. This sum includes all those maintenance expenses which were incurred during the rest of the year when the Hospital was closed.

The average weekly amount expended at this Hospital in diet was £1 19s. 1d.; this, divided among the average number of patients and boarded staff, amounts to 6s. 7½d. per head per week.

Disinfecting Station.

The following figures represent the work that has been done in connection with the Disinfection and Ambulance Station:—

Visits paid to houses where infectious disease was suspected or notified—1,216.

Patients removed to the City Hospital—240.

Patients removed to the Pinley Hospital—1.

Patients removed for neighbouring authorities or from neighbouring districts—0.

Houses disinfected by fumigation or spraying—557.

Schools disinfected—9.

Steam disinfecting apparatus used 249 times.

Articles disinfected by steam—11,580.

Disinfection of rooms by fumigation or spraying, and of clothing, etc., by heat, has been carried out in all notified cases of infectious disease.

The disinfection that has been done in cases of Tuberculosis is referred to under that disease.

In certain cases, when a person suffering from an infectious disease has been nursed at home, or when for any other reason more complete disinfection has been thought necessary than either fumigation with sulphur fumes or spraying with formalin, the powers conferred by the Infectious Disease (Prevention) Act, 1890, Section 5, are made use of, and the owner or occupier is called on to strip the walls of paper, and to re-paper or to limewash. During the year 152 houses have been disinfected in this way.

The Need of a Public Mortuary.

No steps have been taken during the year to meet this very pressing necessity. No public mortuary exists in the City.

The purposes for which a fully-equipped mortuary may be of service are as follows:—

1. The reception of bodies unknown, or after accident, etc., usually brought in by the Police.

2. The viewing of a body by a coroner's jury.
3. The viewing of a body by relatives or supposed relatives for the purpose of identification, etc.
4. The reception of bodies of persons dying in overcrowded houses, where there is no separate room for the accommodation of the body.
5. The reception of bodies of persons dying from infectious disease in private houses.
6. The performance of post-mortem examinations at the direction of the Coroner.
7. The performance of post-mortem examinations, not ordered by the Coroner, but necessary for one reason or another where such performance is inconvenient or impossible in private houses.

When your Council decides that the provision of such an institution can no longer be deferred, it is advisable that some recently-erected mortuaries should be visited, so that the mistake may not be made of erecting one which is ill-adapted for all the purposes for which it is required.

Schools.

The action which has been taken in the matter of closing certain infants' departments for stated periods has been referred to under "Measles." I am here giving a table of the numbers of cases of infectious disease, or alleged infectious disease, which have been notified to me by Head Teachers during the year. Visits have been undertaken in regard to all of these cases except in the case of Whooping Cough, Ringworm, and Mumps. These visits have amounted to 1,861 during the year.

Matters relating to the Hygiene of schools and the health of scholars are referred to in the report to the Education Committee, which is appended (page 108).

During the year I have sent to the Head Teachers of Schools 201 notices, requesting that certain children, either affected with infectious disease, or living in houses where infectious disease existed, should be prevented from attending school; and also 164 notices intimating that certain children excluded might safely return to school.

No.	School.	Measles.	Chicken Pox.	Whooping Cough.	Diphtheria.	Fever.	Ringworm.	Mumps.	Small-pox.
1	Red Lane	56	15	2	1	12	..	79	..
2	Paradise	76	19	..	..	..	..	54	..
3	Edgewick	162	3	..	2	..	..	22	..
4	Wheatley Street	125	2	1	1	1	..	..	..
5	Holy Trinity	163	3	..	..	5	..	..	..
6	Spon Street	109	11	..	1	2	..	..	..
7	St. Michael's	73	11	..	..	..	..	..	1
8	Little Heath	61	..	..	..	..	..	32	..
9	All Saints'	31	6	4	..	4	1	..	..
10	St. Peter's	55	..	..	..	3	..	..	..
11	St. Thomas'	54	2	..	..	7	..	..	..
12	Union Street	41	5	..	..	1	..	..	..
13	Radford	59	13	..	..	2	..	..	..
14	St. Mary's	13	2	..	1	4	..	1	..
15	Thomas Street	34	1	..	..	2	..	..	..
16	Stoke	3	..	..	..	2	..	..	..
17	Stoke National	2	..	..	..	3	..	..	..
18	South Street	142	..	..	3	6	..	1	..
19	St. Osburg's	43	3	..	..	2	6	..	..
20	St. Mark's	42	24	..	..	7	1	1	..
21	West Orchard	1	1	..	..	..	..	..	..
22	St. John's	89	..	..	..	..	..	1	..
23	British	34	1	..	..	3	..	..	..
24	Earlsdon	90	8	..	..	6	..	..	..
25	Fredk. Bird School	1	..	..	..	..	..	..	..
26	Kingfields	23	..	..	1	1	..	..	..
27	Coventry Commercial	2	..	..	..	..	..	..	..
28	Sackville Street	29	..	..	..	..	..	..	..
29	Miss Hales'	7	..	..	..	3	..	..	..
30	Miss Reece's	1	..	..	..	..	..	..	..
31	Miss Flinn's	16	..	..	..	5	..	..	..
		1637	130	7	10	81	8	191	1
32	Public Vaccinator	2	..	..	..	..	..	..	..
		1639	130	7	10	81	8	191	1

The Midwives' Act, 1902.

Under this Act your Council is the local supervising authority over all midwives practising within the City who are on the Roll of Midwives. After April 1st, 1905, no woman can have her name put on that roll except after undergoing the training laid down by the Central Midwives Board, and passing the examination prescribed by that Board. Among those who registered their names before that date are of course a large number who have had no such training, and who are in no way fitted to be pursuing that calling. Many of them can neither read nor write. And among these it is quite impossible for the supervising authority to insist fully on the carrying out of rules of the Central Midwives Board, rules which they cannot read, and to keep registers in the proper form when they cannot write. The proper procedure to be adopted in regard to these midwives is not clear. If reported on account of their not complying with the rules, the only alternatives open to the Midwives Board would be either to overlook the infraction of rules or to strike their names off the register.

It is required that all midwives practising in the City whose names are on the roll, shall notify the authority each January of their intention to practise. During 1905, 14 such notifications were received. Two certified midwives who were practising, and who failed to comply with this requirement after they had duly received printed particulars of the requirements of the Act, your Sanitary Committee decided to proceed against; this course was adopted as an efficient way of advertising this requirement. Four others who gave notice in 1904 omitted to do so in 1905; these the Sanitary Committee have cautioned.

It is necessary for a midwife to notify all still-births occurring in her practice; 12 midwives omitted to do this; and have been cautioned by the Sanitary Committee.

Whenever a midwife has occasion to call in medical assistance she has to notify this to the local supervising authority; only nine midwives during the year have sent in such notifications; these have sent in 72 of them. During the year one midwife has been suspended by your Sanitary Committee; this was on account of the fact that two fatal cases of Puerperal Fever occurred in her practice within a short space of time; she was suspended for four weeks, and advice given as to the best method of getting herself thoroughly disinfected.

One midwife who omitted to call in a medical man when a child was suffering from Inflammation of the Eyes was cautioned.

The importance of the institution of some restrictions and rules for the guidance of midwives is manifest from the consideration that it is probable that more than one-half of the births occurring in the City are attended solely by midwives. All of those women who gave notice of their intention to practise have been visited by me with a view to determine to what extent they were complying with the rules; their bags and registers have been examined; some improvement is certainly manifest over the conditions found in 1904; greater efforts are made to keep the registers of cases properly; though in some cases, as before stated, this cannot possibly be done. Some few have no idea of the use of a clinical thermometer, and cannot read it; it cannot but be regarded as anomalous that these women, having been once placed on the roll, are now entitled to designate themselves as "certified," and to practise their calling—one in which the lives of many women are dependent on the skill available—under the ægis of a statutory authority.

Pauperism.

Mr. Arch, the Clerk to the Guardians, has kindly supplied me with the following figures relating to this subject:—

Number of inmates of Workhouse at end of year 1905...	505
Average number of inmates for previous five years ...	461
Number of persons who received out-door relief in 1902	820
Average number of persons who received out-door relief in previous five years	627

	£	s.	d.
Actual expenditure in out-door relief in 1905...	2,764	13	7
Average yearly expenditure in out-door relief in previous five years	2,591	4	6½
Increase on the average expenditure in out-door relief	173	9	0½

Housing of the Working Classes Act, 1890.

The following table summarizes the action which has been taken under Part II. of this Act, and the results which have followed :—

YEAR.	Condemned on Certificate of M.O.H.	Improved in consequence.	Closed.	Re-opened after Improvement.	Back-to-back Houses made through-ventilated by the inclusion of 2 Houses in 1.
1891	62	9	6	...	18
1892	43	10	29	...	...
1893	36	8	33	...	10
1894	6	5	1	...	4
1895	15	5	1	...	6
1896	9	...	4	...	...
1897	2	...	2	...	...
1898	4	2	...	...	...
1899	31	12	12	...	6
1900	75	30	5	...	6
1901	42	39	15	5	0
1902	43	23	12	8	0
1903	34	21	7	1	4
1904	40	39	7	1	4
1905	58	3	8	11	8
Total ...	500	206	142	26	66

The actual number of houses concerning which I presented to your Sanitary Committee certificates to the effect that in my opinion such houses were unfit for habitation—58—was larger than usual. In all of these cases on the receipt of such certificates your Sanitary Committee made orders that proceedings for a closing order should be commenced. In all of these save two—which will be referred to later—notices were served on the owners, calling on them to make the houses fit for habitation within 28 days. The actual results from these notices must be regarded as small. In all, 22 houses have been improved in consequence, and 8 houses have been closed; 6 of these were closed by order of the Magistrates, and 2 were closed voluntarily by the owners. The following is a detailed statement of what has been done:—

Houses improved:—

33, Much Park Street.
2 in Court 47, Spon Street.
1 in Court 4, Freeth Street.

Back to Back houses made through-ventilated by the inclusion of two houses in one:—

5 in Court 2, Moat Street.
4 „ „
33 and 34, Moat Street.
125, Far Gosford Street, and house at rear.
1 in Court 1, Cox Street.
19, Cox Street.

Houses improved after Closure by Magistrates Order and re-opened:—

5 in Court 1, Thomas Street.
1 in Court 12, Little Park Street.
11 in Court 5, Chauntry Place. (1903 Act.)
12 „ „ „
5, 6, 7, 8, and 9 in Court 7, Grey Friars' Lane.
1 and 2 in Court 3, Swan Street.

Houses closed by Magistrates' Order:—

6 in Court 2, London Road.
7 „ „
8 „ „
9 „ „
10 „ „
11 „ „

Houses voluntarily closed as dwelling houses after they had been condemned:—

30, West Orchard. (Wheat Sheaf Inn.)
1 in Court 1, Bayley Lane.

Houses as yet unimproved, or improved unsatisfactorily:—

42, Bayley Lane. (Clarendon Arms.)
9 in Court 1, Bond Street.
8 „ „
7 „ „

6 in Court 1, Bond Street.
5 ” ”
4 ” ”
3 ” ”
7 in Court 37, Spon Street.
9 ” ”
4 in Court 3, Chauntry Place.
5 ” ”
6 ” ”
7 ” ”
8 ” ”
5 in Court 10, Much Park Street.
4 in Court 19, Little Park Street.
5 ” ” ”
6 ” ” ”
8, 10, 12, 14, 16, 18, 20, 22, 23, 24, West Street.
House at rear of Old Fox Inn, College Square, Cook Street.
3, 4, 6, and 7 in Court 1, Thomas Street.
5 in Court 1, Butts.
11 in Court 8, Well Street.
6 in Court 24, Gosford Street.

In two cases proceedings were taken under the Act of 1903; the front walls were bulging and dangerous, and there were many other dilapidations and defects; your Sanitary Committee were of opinion that the occupation of the houses should be immediately discontinued; on this account the procedure authorized by the Act of 1903 was adopted, *i.e.*, no notice was served on the owner requiring him to put the houses in a condition fit for habitation, but a summons was taken out and closing orders applied for. Concerning the hearing of those applications, I reported to your Sanitary Committee on May 30th as follows:—

"Your Committee are aware that proceedings under this Act are proverbially tedious. In order that your Committee may continue to be informed of the difficulties met with, I am reporting the circumstances of a case which came before the local Police Court during the past week.

These are in connection with two houses, 11 and 12 in Court 5, Chauntry Place.

In order to facilitate these proceedings the Housing of the Working Classes Act of 1903 provided that where a house in the opinion of the Local Authority could not reasonably be made fit for habitation, or was in such a state that its occupation should be immediately discontinued, the Local Authority could apply for a closing order without serving the usual notice calling on the owner to make the house fit for habitation.

In these two houses the front wall was falling forwards, the bonding of the separation wall in the bedroom was cracked to such an extent that the neighbours could shake hands through the crack, and there were many other objectionable features.

Your Committee agreed that these houses came within this category, and that no notices should be served on the owner.

After receiving the summonses the owner called on me complaining of the unfairness of the proceedings, and that he had had no notice. I pointed out that the owner or his agent could reasonably be expected to know the condition of his own property where weekly rents were collected at the door.

The case came on in the Court, and before your Town Clerk made the application, the solicitor for the owner applied for an adjournment 'to allow time for the owner to do the work required.' Now no work had been required or requested by your Committee; if any work is most desirable it is that these houses should be pulled down. Your Town Clerk opposed the application for an adjournment; no evidence concerning the condition of the houses was heard; and the application for an adjournment was granted.

I think it is well that your Committee should be in possession of the circumstances of this case, in view of the fact that an intimation was recently conveyed to you from the Bench that your Committee allowed owners too much time in effecting alterations before taking proceedings."

The difficulties in the way of accomplishing anything more than a small amount of improvement in insanitary property under Part 2 of the Housing of the Working Classes Act have been very fully demonstrated locally. The procedure under the Act fosters adjournments and delays; much more summary powers are required; my own opinion is that your Council, through your Sanitary Committee, should have the power of making the closing order, and if any appeal is allowed, it should be to some body possessed of information on sanitary matters, such as the Local Government Board.

The smallness of the year's results is largely accounted for by the fact that during a large part of the year there were two appeal cases pending, and while this was so it was practically impossible to proceed with other cases. In one case the owner was appealing against a closing order made by the City Bench of Magistrates, who had themselves viewed the house before making the order; in the other case the appeal was against the refusal of the Magistrates to rescind a closing order. The appeals were to Quarter Sessions. Money was spent on legal proceedings which would have done much more than effect the alterations which your Sanitary Committee were requiring; indeed, the three houses themselves—considering their age and condition—were probably not worth more than the expenses involved to the owners and your Council. The cases had to be adjourned from one Quarter Sessions to the next on account of the illness of an important witness; in the interval the owners consented to improve the alterations they had effected, in one case by improving the ventilation, and in the other by converting into one house two side to side and not through-ventilated houses, and also by putting in a damp course to remedy the dampness, and making a ventilated cupboard to serve as a pantry; under these circumstances the opposition to the rescinding of the closing orders was withdrawn, and the appeals were therefore not heard.

So far as I am aware, no appeal case under this Act has ever arisen locally before. It may be well to examine the reasonableness of the proceeding. The appeal is from the City Magistrates to Quarter Sessions, whose decisions are determined by Magistrates of the County. The principles on which Magistrates are selected are obscure. In the absence of exact information, and judging merely by the results of those principles, it may be presumed that—without the assistance of a properly qualified legal expert, such as a Stipendiary Magistrate or a Recorder—the value of the decisions of these two tribunals would not vary much; it may, however, be reasonably submitted that a body of Urban Magistrates may be more competent to deal with matters of sanitation within their own town than a body of other Magistrates selected largely from rural districts, who are often not in sympathy with the progressive sanitary movements of towns; it may be regarded as an admitted fact that sanitation in large urban communities receives more attention than in rural districts; it is the rural district which is so fond of appointing its Medical Officer of Health for a year at a time, and renewing his appointment annually; in this way any excess of energy on the part of that official may be curbed; it often happens that the less he does the better he is liked. Yet, it is by a body of Magistrates drawn largely from such districts that the final decision on a matter of urban housing has to be determined. It is too mild a use of language to say that the position is anomalous. The curiousness of the situation is added to by the fact that in one of our appeal cases the Medical Officers of Health of the three rural districts abutting on the City were invited to appear as witnesses as to the fitness of the house in question, and in two cases the invitation was accepted.

It is clear, I think, that alterations are called for in the procedure under this Act; and among other things, if there is an appeal, it should be to a higher judicial authority, or to a body possessing expert knowledge of sanitary matters.

Overcrowding.

Twenty-three cases of Overcrowding were dealt with during the year. Most of these were remedied after verbal or preliminary notice. The character of these cases is shown by the following taken at random:—

(1) The house contained one bedroom and one living room, the bedroom contained 701 cubic feet, and the house was occupied by a man, his wife, and four children, of ages varying from 12 to 2.

(2) The house contained one bedroom and one living room, the contents of the former measuring 660 cubic feet; the one very small bedroom was occupied by a man, his wife, and two children.

(3) The house contained one living and one bedroom, the latter measuring 1,172 cubic feet; it was occupied by a man, one adult woman, and her five children, viz., four daughters of ages from 17 to 2, and one son aged 4.

(4) The house contained one living room and two bedrooms, the united capacity of the latter amounting to 1,284 cubic feet: it was occupied by a man, his wife, and six children, of ages varying from 12 to 2.

(5) The house contained one living and one bedroom, the contents of the latter amounting to 554 cubic feet; the house was occupied by a man, his wife, and two children, these occupying the bedroom, while the living room was used as a bedroom by the wife's mother.

(6) The house contained two living and two bedrooms; the dimensions of the two bedrooms together amounted to 1,428 cubic feet; the occupants consisted of a man and his wife, also two daughters, 21 and 18, and five sons of ages varying from 13 to 1 month.

(7) The house contained two living and two bedrooms, the total cubic capacity of the latter amounting to 1,337 cubic feet; the occupants consisted of a man, his wife, and seven children, of ages varying from 16 to 1 year.

There are some of the inferior public-houses which take in lodgers under conditions which are anything but desirable; being licensed houses, there is, I understand, a legal difficulty in compelling them to register themselves as Common Lodging Houses, yet they are in everything but name Common Lodging Houses; the lodgers occupy common bedrooms; and I have seen instances where the standard of cleanliness and good management is much below that of the existing Common Lodging Houses; not being registered as such the regulations affecting Common Lodging Houses do not apply to them; they compete with the Common Lodging Houses in regard to lowness of price per bed; and being licensed houses they present attractions to their lodgers which are absent from the Common Lodging House; the officials of your Health Department have not that free entry to them that they have in the case of the Common Lodging House. One such instance came under notice during the year, in which there was reason to suppose that overcrowding existed. I visited this, accompanied by the Chief Inspector, to ascertain the facts; we were refused admission; I therefore applied to the Magistrates for an order calling on the occupier to admit us to examine concerning the alleged nuisance of overcrowding. After the lapse of a few weeks I visited the house with the Inspector at 9-30 one Sunday morning, and admission was not now refused; the conditions found were as follows:—

There were five bedrooms and one little room or hanging closet, which were used for lodgers. I place below the number of lodgers which each room would be registered for if the house were a Common Lodging House, and also the actual number of people who had been sleeping there that night.

	Proper number of lodgers.	Actual number of lodgers.
1st Room	4	4
2nd Room	3	6
3rd Room	2	3
4th Room	2	3
5th Room	2	3
1 small room or hanging closet	0	2
Total	13	21

Besides the occupier and his wife, however, there were 34 people in the house, and these had apparently slept in the house during the night; the discrepancy was explained by the occupier's wife, who stated that the 13 men who had not had beds had slept in the kitchen and a passage.

The case was dealt with as one of overcrowding, and the nuisance was abated. Such houses should, however, in some way be brought under systematic supervision, so that at least they are as well kept as Common Lodging Houses.

The recent cases of overcrowding that have come to light are not generally due to extreme poverty; the cause is more often to be found in the fact that too small a percentage of the earnings of the family are devoted to domestic comforts; this is often another way of stating that too large an amount of the earnings are spent in drink. There is also some scarcity of house accommodation at the present time. Whatever the cause may be, in any case, it appears to be clearly the duty of the Sanitary Authority to use the powers they possess to prevent people continuing to live under such demoralising and unhealthy conditions.

House Accommodation.

It is my custom in each November to make an enumeration of the unoccupied houses in the City. This return is useful in correcting the estimate of the population obtained in other ways; it is also a valuable index of the extent to which private enterprise is meeting the demand for houses; in addition, it forms some criterion of the commercial prosperity of the City.

The return for 1905 is given below. It shows that in the houses rented at £20 and upwards there is a considerable decrease in void houses since 1904; among houses rented at from 5s. 6d. to 7s. 6d. a very considerable diminution has occurred; and the same has taken place among houses rented at from 2s. 6d. to 5s. There are very few tenements, I believe, in the City at less than 2s. 6d. Totalling these figures, there are 385 less empty houses than at the corresponding time in 1904.

	1905	1904
£20 a year and upwards ...	46	85
5/6 to 7/6 per week ...	53	254
2/6 to 5/- per week ...	63	207
Under 2/6 per week ...	0	1
	162	547

There is no doubt that there is at the present time a great demand for empty houses in Coventry; this is certainly due to a remarkable wave of commercial prosperity which has recently been present. It appears that there are numbers of people, unable to obtain houses in the City, who live elsewhere, travelling backwards and forwards by train.

The distribution of these empty houses in the several wards is shown below :—

Unoccupied Houses, 1905.

Rentals.	Radford.	Foleshill.	Harnall.	Swanswell.	Bablake.	Cheylesmore.	Hearsall.	Grey Friars'.	Hill Fields.	All Saints'.	St. Mary's.	Stoke.	Total.
£20 and upwards ...	6	1	4	...	7	4	4	7	1	...	11	1	46
5/6 to 7/6 per week	5	11	...	6	2	6	6	2	4	4	1	6	53
2/6 to 5/- ,,	1	3	2	1	12	24	6	5	1	2	5	1	63
Under 2/6 ,,	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals ...	12	15	6	7	21	34	16	14	6	6	17	8	162

Your City Engineer has kindly furnished me with the following figures relating to the building operations for the past 14 years. The numbers are made up to November 30th in each year.

PLANS APPROVED.

Year.	Houses.	Factories and Workshops	Alterations and Additions.	Miscellan's	Public Buildings.	Churches.	Chapels.	Schools.	Streets.	Totals.
1892	152	13	75	8	0	0	0	0	6	254
1893	227	22	82	13	0	1	0	0	0	345
1894	180	15	73	14	0	0	1	1	1	285
1895	145	9	65	7	0	0	0	0	1	227
1896	548	67	125	1	0	0	1	0	21	753
1897	697	24	157	3	3	0	0	1	11	896
1898	425	17	167	7	6	1	1	0	19	643
1899	528	26	163	89	0	0	0	2	5	813
1900	488	11	106	24	1	1	1	1	3	636
1901	304	10	60	36	0	1	1	0	2	414
1902	556	29	53	66	0	0	0	0	10	714
1903	810	16	95	68	1	0	0	1	4	995
1904	535	26	80	56	3	0	0	0	16	716
1905	523	33	69	50	1	0	0	1	8	685

BUILDINGS COMPLETED.

Year.	Houses.	Factories and Workshops	Alterations and Additions.	Miscellan's	Public Buildings.	Churches.	Chapels.	Schools.	Streets.	Totals.
1892	117	18	58	5	0	0	0	0	2	200
1893	193	13	65	9	0	1	0	0	3	284
1894	200	18	60	12	0	0	0	0	0	299
1895	129	10	53	12	0	0	1	1	2	208
1896	171	49	89	3	0	0	0	0	3	315
1897	399	48	56	2	2	0	0	1	0	508
1898	501	19	115	5	1	0	1	0	13	655
1899	466	13	101	21	0	0	1	1	9	612
1900	488	19	95	26	1	1	0	2	11	643
1901	426	8	27	18	0	1	1	1	0	482
1902	403	18	19	21	0	0	0	0	6	467
1903	622	15	34	8	2	0	0	0	6	687
1904	671	13	39	21	0	0	0	2 (Addit'ns)	0	746
1905	378	14	14	11	2	0	0	1	6	426

Registered Places.

The questions that have arisen in connection with these, and the action which has been taken, are dealt with below :—

SLAUGHTER HOUSES.

There are now 52 private slaughter-houses in use in the City; of these 45 are registered, and 7 licensed; 1,197 visits have been paid to these in the course of the year. Two applications have been received for licences to erect slaughter-houses; both of these were refused. One application has been received for a licence to use a shed as a slaughter-house; this was refused. Twelve notices have been issued requiring the limewashing of slaughter houses.

Concerning meat unfit for food no seizures have been made, but in 33 instances voluntary notifications have been received concerning meat that appeared unsound; in connection with these 33 notifications, after the meat was inspected, 2,137lbs. of meat were surrendered and destroyed, involving 2,040lbs. of beef, and 98lbs. of pork.

During the year an appeal was set down for hearing in the High Court against a conviction for slaughtering on unlicensed premises on December 18th, 1904. The case was considered on March 7th, 1906, and the conviction was upheld, with costs against the appellant.

In regard to the suitability of the private slaughter-houses for their present use, I may quote from my report of 1904, as follows :—

"As there are 52 private slaughter-houses in this City, it is unnecessary for me to add that no effective supervision or inspection of the meat supply is possible. As for the slaughter-houses themselves, these are mostly old places or sheds which are totally unfit for the purpose for which they are employed; and they are for the most part situated in positions quite unsuited for slaughter-houses; many of them are in common courts, and are open to the gaze of the inhabitants. These and many of the other undesirable features of these structures I have frequently reported to your Council."

DAIRIES, COWSHEDS AND MILKSHOPS.

COWSHEDS.

There are 28 cowsheds within the City. It is not possible to state that these are entirely satisfactory. During the year a considerable amount of attention has been bestowed on them; 187 visits have been paid to them. I have on several occasions reported concerning some of them to your Sanitary Committee, and on this account that Committee requested the Chairman and Vice-Chairman to visit some that were being considered; these visits were paid to cowsheds at Stoke, Red Lane, Radford, Spon End, and Chapel Fields. Proceedings were instituted in one instance, in which the occupier had failed to give the requisite notice before using as a cowshed an outbuilding which was totally unfitted for the purpose; the case was withdrawn on payment of costs on the defendant undertaking to discontinue the use of the shed.

In another instance the occupier has been given notice that the present condition of his shed will not be tolerated, and he has been given time to arrange with the owner, if possible, for the improvement of the shed, which practically means its re-building; when this matter is pressed it will probably end in his seeking a shed just outside the boundary in the neighbouring rural district, where he will be less inconvenienced by the enforcement of regulations.

One cowshed has been discontinued during the year. Applications for registration of five other sheds as cowsheds have been received; four of these were refused, and one granted. Six notices have been served on occupiers to remedy contraventions; these contraventions related to defective pavement and drainage, defective light and ventilation, and to the removal of manure from the proximity of sheds.

The regulations in regard to limewashing have been complied with somewhat better than in previous years.

The full importance of the improvement of the hygiene of cowsheds is often not realized; in stables—removed from dwellings—if the stable is unfit sanitarily it is the horses alone that suffer. In cowsheds this is not so; the condition of cowsheds is intimately related to the public health; and until cowsheds are sanitarily constructed, and sanitarily kept, and the milking process is carried out with an extreme regard to cleanliness, the problem of a pure milk supply will never be solved. In those model cowsheds—not in this City—where these matters are attended to as far as humanly seems possible, the result is necessarily to render more expensive the production of milk; an increase in the cost seems inevitable when all of the regulations are properly carried out.

If cows have tuberculous udders we have power, under the Corporation Act of 1900, to forbid the sale of their milk for food; in seven cases during the year where the cows appeared to be very unthrifty, samples of milk were taken and forwarded to the Bacteriological Laboratory of the Birmingham University for examination; no tubercle bacilli were found in any; this did not negative the possibility of the cows being tuberculous, the udders being healthy. The owner has been asked to allow his cows to be tested with tuberculin; up to the present time his consent has not been received.

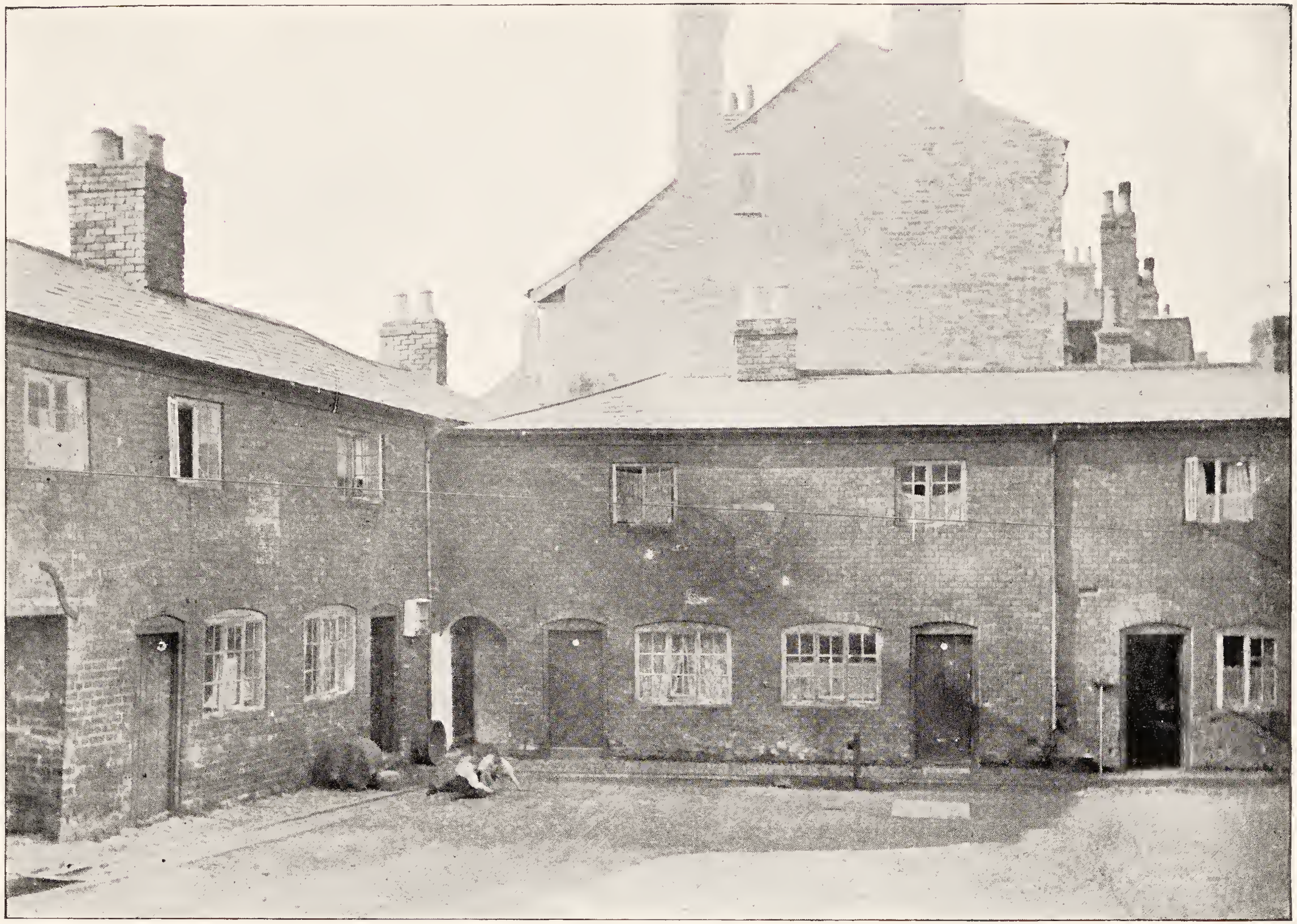
MILKSHOPS.

The number of persons registered for the sale of milk at the end of the year was 245. It was formerly the custom to put the name of any applicant on the register, the applicant taking the responsibility of causing his premises to comply with the regulations affecting Milkshops. With this custom it has been very difficult to check the growing tendency for small general shopkeepers to start the sale of small quantities of milk, the milk being stored often in most undesirable surroundings. Advantage has been taken of the provisions of The Dairies, Cowsheds and Milkshops Order of 1885, Section 8, to refuse to place on the register of milksellers those whose premises do not reasonably comply with this regulation. This is as follows: "It shall not be lawful for any person following the trade of cowkeeper or dairyman to occupy as a dairy or cowshed any building, whether so occupied at the commencement of this Order or not, if, and as long as the lighting, and the ventilation, including air space, and the cleansing, drainage, and water supply thereof, are not such as are necessary or proper:

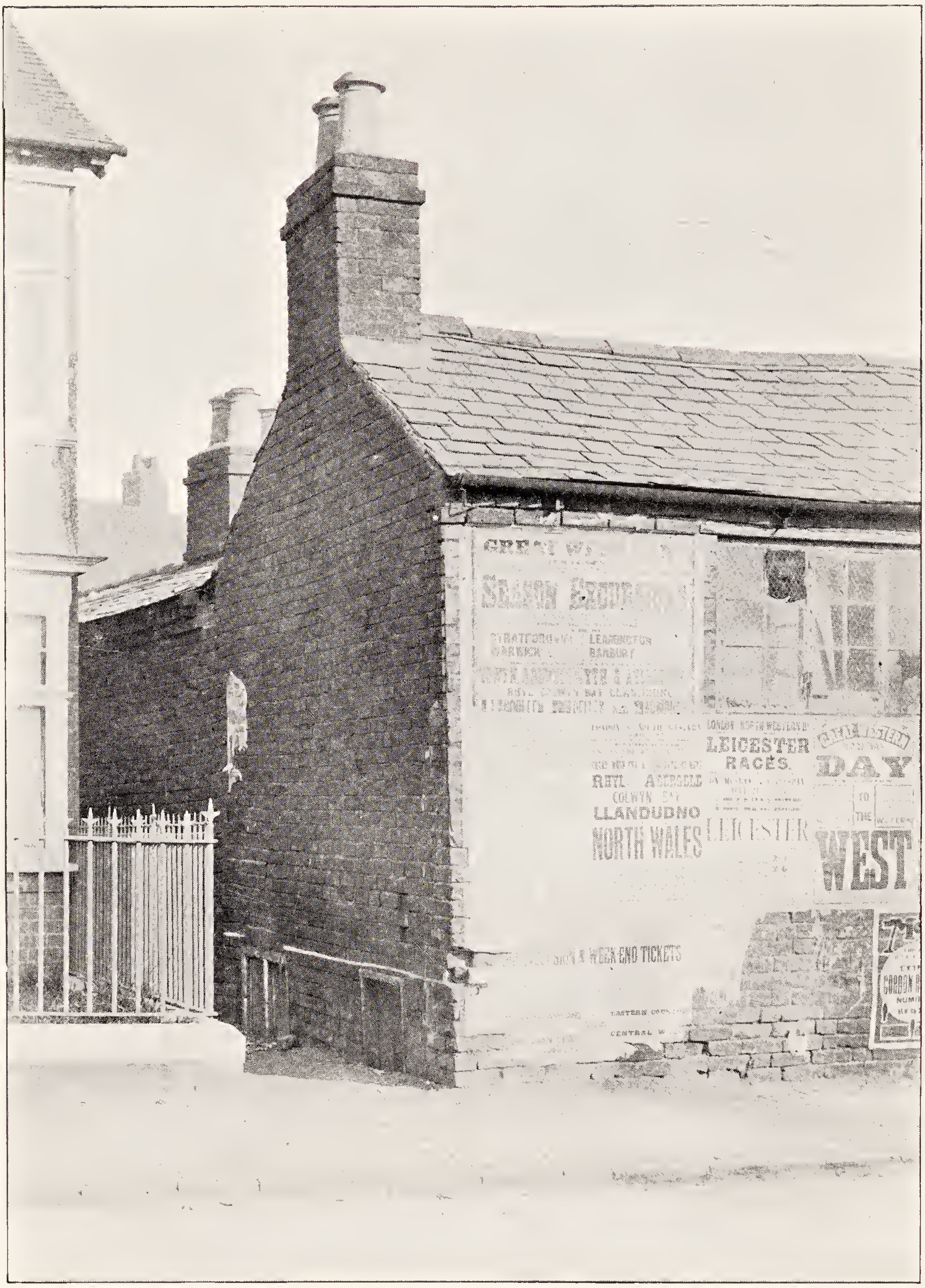
(*a*) For the health and good condition of the cattle therein; and

(*b*) For the cleanliness of the milk vessels used therein for containing milk for sale; and

(*c*) For the protection of the milk therein against infection or contamination."



Some houses closed by Magistrates' Order, 1905.



View at back of same houses. The white line indicates level of ceiling of living room.

In this way it is hoped that the sale of milk may to some extent be confined to those who have facilities for its proper storage. The number of applications that have been received during the year has been 56; of these 48 were granted, and 8 refused; the names of 26 persons have been removed from the register during the year. Visits to the number of 764 have been paid to milkshops; 61 contraventions of the regulations have been discovered, and 20 notices have been issued. The contraventions have related to the milk being improperly stored, and for selling milk without being first registered.

In one instance proceedings were instituted for failing to apply to be registered as a milkseller, the summons being withdrawn on payment of costs.

COMMON LODGING HOUSES.

There are five registered Common Lodging Houses. These have been visited on 157 occasions during the year. The contraventions observed have related to the omission to sweep the bedrooms. Owing to the continued prevalence of Small Pox throughout the country, your Sanitary Committee put into force Section 83 of the Public Health Act, 1875, requiring the occupiers of Common Lodging Houses to make a daily return of all the lodgers whom they received. Visits have been made both by day and night to verify the accuracy of the returns received.

An analysis of these returns during November and December last, shows that the average nightly number of people inhabiting these houses as lodgers was 149. The whole five houses are only registered to accommodate 159; so that it will be seen that there is a considerable demand for the available accommodation at these houses. During the writing of this report one of these five Common Lodging Houses has ceased to be used as such, thus diminishing the available number of beds by 17. The occasional applications that are received for the registration of houses as Common Lodging Houses relate generally to premises that are totally unfit for use for this purpose. At the present time there is distinctly a demand for more extensive accommodation of this variety. Failing its provision by private enterprise, the question of its provision by the Municipality might be thought of. There are many advantages in the way of management and supervision in a Common Lodging House belonging to the

Municipality, which are often lacking in those provided by private enterprise.

HOUSES LET IN LODGINGS.

There are now 13 houses on the register as houses let in lodgings. Only the worst class of houses let in lodgings are placed on the register, and so brought under the byelaws regulating these houses.

The 13 houses on the register contain 66 rooms, let separately as dwellings. These rooms have been frequently visited, but no contraventions of the byelaws have been observed.

Offensive Trades.

No applications for the starting of new "offensive" trades have been received during the year.

Only one case has arisen when it was necessary to take action in regard to such a trade. This was in connection with a rag and bone business; in this case large accumulations of bones had been allowed to remain on the premises, and were the cause of very offensive odours; the owner's attention was called to a previous agreement of his in which he had undertaken (1) that all bones received on his premises should be stored in bags in a certain shed, and that they should be removed thence every three days before 9 a.m.; (2) that he would not purchase or receive any rags or other refuse collected from any refuse tips whatever, or any other material of a filthy or offensive nature; (3) that he would take all reasonable precautions to prevent a nuisance arising from his business. Since this course was adopted no cause of complaint has been reported.

Smoke Abatement.

Special observations on works chimneys ...	105
Number of chimneys emitting excessive smoke	25
,, interviews with stokers	29
,, notices issued	24
,, prosecutions	0

An exceptional quantity of black smoke has been emitted from several factory chimneys during the past year. This to some extent has been due to the rapid extension of large works, and insufficient boiler power to cope with the increased power required, the boilers consequently being worked to their utmost capacity.

A communication was received from the Trades and Labour Council on this subject, and considered by your Sanitary Committee. Special observations were made, and the nuisance referred to to some extent abated by the aid of auxiliary power and additional boilers.

Sale of Food and Drugs Acts.

During the past year 201 samples were submitted to the Public Analyst for analysis, 12 of which were found to be adulterated, giving a percentage of adulteration slightly under 6 per cent., a figure about the same as for the whole country.

The samples submitted were as follows:—New milk 128, butter 45, confectionery 3, tea 2, sugar 2, whisky 2, and one each of pepper, arrowroot, cheese, separated milk, flour, vinegar, coffee, jam, golden syrup, compound tincture of rhubarb, olive oil, cream of tartar, tartaric acid, citric acid, compound liquorice powder, spirit of sal volatile, sweet spirit of nitre, glycerine, and tincture of iodine.

There were seven prosecutions—one for butter, and six for milk. The aggregate amount of the fines and costs inflicted amounting to £16 2s.

The particulars concerning the prosecutions and of the samples adulterated are given in the tables at the end of the report.

Factory and Workshops Act, 1901.

Section 132 of this Act is as follows:—

"The Medical Officer of Health of every District Council shall in his annual report to them, report specifically on the administration of this Act in workshops and work places, and he shall send a copy of his annual report or so much of it as deals with this subject to the Secretary of State."

The inspection of factories comes within the province of H.M. Inspector of Factories. Where any sanitary defect is discovered by him in a factory which is remediable under the law relating to public health, and not under the Factory and Workshop Act, it is his duty to inform the Council of this, and the duty of the Council to see that the defect is remedied. He also notifies to the local authority any matter coming under his notice which should be attended to by the local authority. Eight such references from H.M. Inspector of Factories have been received; three of these related to the dirty condition of workshops; one to the dirty condition of a bakehouse ceiling; two had reference to the need of a separate approach to w.c.'s; one to the absence of flushing cisterns to w.c.'s; and one to a defective flushing cistern; all of these matters have since been attended to and remedied.

The amount and nature of the supervision which has been exercised during the year over workshops, etc., can probably be most briefly and clearly explained in a tabular form, the form of which has been suggested as appropriate for this purpose by the Home Office :—

Factories, Workshops, Laundries, Workplaces, and Homework.

1.—INSPECTION.

Including inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
FACTORIES .. .. (Including Factory Laundries.)	36	..	..
WORKSHOPS .. .. (Including Workshop Laundries.) WORKPLACES	903	38	..
HOMEWORKERS' PREMISES	..	..	..
TOTAL	939	38	..

2.—DEFECTS FOUND.

Particulars.	Number of Defects			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
*Nuisances under the Public Health Acts:—**				
Want of cleanliness	91	91	..	..
Want of ventilation	1	1	..	..
Overcrowding	1	1	..	..
Want of drainage of floors	..	..	..	..
Other nuisances	..	..	..	..
†Sanitary accommodation — insufficient	3	3	..	..
†Sanitary accommodation — unsuitable or defective..	4	4	..	..
†Sanitary accommodation — not separate for sexes ..	6	6	..	..
Offences under the Factory and Workshop Act:—				
Illegal occupation of underground bakehouse (S. 101)..	..	..	..	..
Breach of special sanitary requirements for bakehouses (SS. 97 to 100)	15	15	..	..
Failure as regard lists of outworkers (S. 107)	..	..	..	..
Giving out work to be done in premises which are — unwholesome (S. 108)..	..	..	..	..
Giving out work to be done in premises which are — infected (S. 110) ..	..	..	..	..
Allowing wearing apparel to be made in premises infected by scarlet fever or smallpox (S. 109)	..	..	..	..
Other offences	5	5	..	..
Total	126	126	..	..

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* Including those specified in Sections 2, 3, 7 and 8, of the Factory Act as remediable under the Public Health Acts.

† Section 22 of the Public Health Acts Amendment Act, 1890, has been adopted by the Council; the standard of sufficiency of sanitary accommodation for persons employed in factories and workshops usually followed is that of one w.c. for each 22 persons.

Factories, Workshops, Laundries, Workplaces, and Homework—continued.

3.—OTHER MATTERS.

Class.		Number.	
Matters notified to H.M. Inspectors of Factories :—			
Failure to affix Abstract of the Factory and Workshop Act (S. 133)		6	
Action taken in matters referred by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factory Act (S. 5)	Notified by H.M. Inspector	8	
	Reports (of action taken) sent to H.M. Inspectors ..	8	
Other		2	
Underground Bakehouses (S. 101) :—			
Certificates granted during the year		0	
In use at the end of the year		0	
Homework :—		Number of	
*Lists of Outworkers** (S. 107) :—		Lists.	Outworkers.
Lists received		12	107
Addresses of outworkers	forwarded to other Authorities ..	..	2
	received from other Authorities ..	..	0
Homework in unwholesome or infected premises :—		Wearing Apparel.	Other.
Notices prohibiting homework in unwholesome premises (S. 108)		..	..
Cases of infectious disease notified in homeworkers' premises		..	..
Orders prohibiting homework in infected premises (S. 110) ..		..	..
Workshops on the Register (S. 131) at the end of 1905.			
Important classes of workshops, such as workshop bakehouses, may be enumerated here.	Bakehouses	104	
Total number of workshops on Register		594	

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*The Lists should be received twice in the year. The year's figures required in the Table are those obtained by adding together the two half-yearly totals.

The following is an analysis of the workshops on the register on December 31st, 1905:—

Bakehouses	104
Confectioners	9
Watch Makers and Repairers	131
Dressmakers	83
Tailors	62
Boot Makers and Repairers	33
Milliners	18
Joiners and Carpenters	14
Cabinet Makers	8
Cycle Repair Shops	16
Ironmongers and Smiths	12
Plumbers and Painters	13
Gas Fitters and Bellhangers	5
Pattern Makers and Brassfounders	2
Motor Accessories	7
Saddlers	7
Brewhouses	12
Tinworkers	6
Picture Framers	4
Laundries	5
Box and Bag Makers	3
Printers and Bookbinders	3
Card Stampers	2
Engravers, etc.	3
Marine Store Dealers	2
Coach Builders, etc.	4
Wheelwrights	4
Various	22
	594

HOMEWORK.

Section 107 of the Act prescribes that the occupier of every factory or workshop engaged in certain kinds of work—to be specified in an Order of the Home Office—shall keep in a prescribed form and manner lists of the names and addresses of all persons directly employed by him outside the factory or workshop, and the places where they are employed; and also that he shall send, on or before the 1st day of February and the 1st day of

August in each year copies of those lists to the Council. The last Home Office Order on this matter is dated August 15th, 1905, and by it the following classes of work are placed in this category :—

(*a*) Making, cleaning, washing, altering, ornamenting, finishing and repairing of wearing apparel and any work incidental thereto.
(*b*) Making, ornamenting, mending, and finishing of lace and of lace curtains and nets.
(*c*) Cabinet and furniture making and upholstery work.
(*d*) Making of electro-plate.
(*e*) Making of files.
(*f*) Fur-pulling.
(*g*) Making of iron and steel cables and chains.
(*h*) Making of iron and steel anchors and grapnels.
(*i*) Making of cart-gear, including swivels, rings, loops, gear buckles, mullin bits, hoops and attachments of all kinds.
(*j*) Making of locks, latches and keys.
(*k*) Making of covers for, and the covering, finishing, altering or repairing of, umbrellas, sunshades, parasols and articles of a similar character, and any work incidental thereto.
(*l*) Making of paper bags and of paper boxes.
(*m*) Brushmaking.
(*n*) Making of stuffed toys.

Your Sanitary Committee have advertised the requirements of this latest Order. The sending in of the lists is very irregularly attended to. Hitherto it has not been found possible with a limited staff to systematically examine the conditions under which home work is carried on. At the present time, however, this work is being undertaken by the newly-appointed Health Visitor.

BAKEHOUSES.

There are 104 bakehouses on the register; 357 visits have been paid to these; 15 notices have been issued; these notices have related to limewashing walls and ceilings, and to the repair of defective floors and ceilings.

One bakehouse was erected during the year. One dwelling was converted into a bakehouse, and three bakehouses have been reconstructed, and provided in two cases with patent ovens.

An important improvement, so far as bakehouses are concerned, has been effected in the reconstruction, or rather rebuilding and enlargement, of a bakehouse belonging to a co-operative society. This has been now built on modern principles; the kneading of the dough is effected by a kneading machine, worked by an electric motor; two large patent steam-pipe draw-plate ovens have been erected, each of which is provided, in the place of the small door which is usual, with a long flap door extending the whole width of the oven; the floor, or rather draw-plate, of the oven, on which the loaves rest, is movable and on trolleys, and the whole floor can thus be brought out of the oven (and the door shut) to facilitate the filling in and emptying of loaves. This seems a great improvement on the older way of putting each loaf in singly on the familiar long-handled wooden spade or baker's peel, by which method the loaves first in the oven are the last out. The only parts of the process in which the dough and loaves are touched by hand are the dividing of the dough into portions and placing them on the floor of the oven, and the subsequent removal of the loaves. Improvements such as these are more easily effected in the larger bakehouses with big outputs of loaves.

Hygiene in Hairdressing Saloons.

This matter arose during the year on a communication from the Incorporated Guild of Hairdressers, Wigmakers and Perfumers; on this communication I reported as follows:—

" Report on a communication from the Incorporated Guild of Hairdressers, Wigmakers and Perfumers, dated December 22nd, 1904, and the accompanying Report of the Medical Officer of Health to the City of London, made to the Sanitary Committee of the City of London on the Regulations in force in different countries as regards Hairdressers' Establishments.

Your Town Clerk having referred this communication and report to me, I have gone through it carefully with a view to report to your Committee.

The Report gives particulars of the regulations in this respect adopted in different countries, and details the negotiations which have taken place between the Corporation of the City of London and the Incorporated Guild of Hairdressers, Wigmakers and Perfumers.

Shortly, as a result of these negotiations, the Guild are prepared to make regulations concerning the conduct of Hairdressers' Saloons, and to take steps to enforce them among all hairdressers registered by the Guild. Also to make certain recommendations, the carrying out of which is optional.

These regulations are as follows :—

1. All shelves, fittings, and tables on which instruments are placed to be of glass, marble, slate, or other suitable material.
2. Clean towels, etc., to be used for each customer, and a fresh piece of paper or clean linen to be placed on the back of chair or head rest.
3. No general powder puffs to be used, and powder pulverisers or cotton wool substituted. No sponges to be used.
4. All hair clippers, razors, scissors, combs, or other tools, after use to be placed in a disinfecting solution.
5. Razors to be wiped on paper.
6. Perfectly clean hair brushes only must be used.
7. Shaving brushes after use to be placed in a disinfecting solution.
8. Liquid or powdered soap or shaving cream only to be used.
9. Cut hair falling on the floor to be immediately swept up and removed, and floors to be cleansed daily.
10. No general alum crystals or blocks to be used as a styptic, but a liquid or powder applied on towel or cotton wool, or by spray.
11. The most scrupulous cleanliness to be observed in all that pertains to the business.

The recommendations are as under :—

(*a*) Regular customers and subscribers should be strongly recommended to provide their own toilet articles, razors, brushes, etc., which would be exclusively reserved for the owner's use.

(*b*) All cut hair and paper to be burned.

(*c*) No customer apparently suffering from any skin or hair affection to be attended to save at his own house or offices, or in a private room.

(*d*) Charges should, if necessary, be re-modelled to enable hairdressers, etc., not only to comply with the letter, but the spirit of the above without loss.

(*e*) The operator to wear a clean white garment without pockets, sleeves fitting close to wrists, and wash his hands before attending to each customer.

(*f*) Metal combs to be used.

(*g*) Machine or rotary brushes should be discarded.

A preliminary to registration, which the Guild will insist on, is a certificate which will be required from the Medical Officer of Health of the district that the premises are in a good sanitary condition; that is, of course, if they are able to obtain the co-operation of the local authority in the carrying out of this provision.

The present communication asks your Committee whether you will afford this co-operation.

I have no information as to how many local hairdressers are registered with the Guild; but however numerous or few these may be it will probably appear to your Committee wise to assist any trade to establish and carry into effect regulations which will assist in any way in promoting the public health; and to co-operate with the Guild in the way suggested."

No action was taken in the matter.

Sanitary Prosecutions.

The occasions on which it was necessary to resort to Magisterial proceedings during the year were satisfactorily infrequent. On only 23 occasions was this course adopted. On 6 other occasions applications were made on behalf of property owners for the revocation of closing orders of houses; in these cases, the improvements called for having been ultimately effected, no opposition was offered to the applications, and the closing orders were revoked. Particulars of these cases are given in the table at the end of this report.

Diseases of Animals Act and Orders of the Board of Agriculture.

Inspector Clarke, the Inspector under these Acts, supplies the following information:—

" No case of any of the scheduled diseases was notified during the past year.

One contravention of the Local Authority's Regulations for the movement of swine was reported, the offender—a dealer—being fined £10 and costs for moving 55 pigs without first having obtained the requisite licence.

Upwards of two hundred circulars relating to swine fever and anthrax, have, at the request of the Board of Agriculture, been distributed to butchers and stock owners.

It is satisfactory to note, in regard to Swine Fever, that whereas in Great Britain in 1894 there were 5,682 outbreaks of this disease, in 1904 there were only 1,196 outbreaks."

Canal Boats.

Inspector Clarke, the Inspector under the Canal Boats' Acts, furnishes the following information on this subject :—

" The steps taken by the Sanitary Authority to give effect to the Acts and Regulations are indicated by the following information :—

Total number of boats on the Register	258
,, ,, ,, ,, Registered during the year	8
,, ,, ,, visits to Canal	77
,, ,, ,, boats inspected	116
,, ,, ,, persons for which the Cabins were Registered	355
Total number of persons occupying the cabins ...	246
,, ,, ,, boats contravening the Regulations	24
,, ,, ,, complaint notes issued	16
,, ,, ,, legal proceedings instituted ...	2

Nature of infringements—

Absence of certificate	5
Certificate not identifying owner with boat ...	2
Marking	8
Overcrowding	1
Painting	6
Dilapidations	5
Ventilation	2
No proper water cask	2
Female over twelve improperly occupying cabin ...	1

In two instances it was found necessary to institute proceedings after a reasonable time had been allowed to rectify the offence; these offences had reference to neglecting to mark and number the boats in accordance with the certificate of registration; the defendant was in each case fined 1s. and 9s. 6d. costs."

Water Supply.

Your Waterworks Engineer kindly informs me that during the twelve months 647,955,285 gallons of water have been supplied by your Corporation Waterworks to your City; of this amount 355,228,780 gallons were derived from Spon End, and 292,726,505 gallons from Whitley; and that the following new services have been laid on—new services laid on, 135; houses supplied, 428; new w.c.'s, 752; new baths, 141; trade and various purposes, 92. This amount corresponds to a daily consumption of 1,775,229 gallons.

This gives an average consumption of 23 gallons per head per day. The comparison of this figure with that of previous years is given below :—

	Amount supplied per day.	Estimated population served.	Amount per head per day.
1897	1,420,000 gals.	61,234	23 gals.
1898	1,577,207 ,,	61,555	25 ,,
1899	1,723,926 ,,	61,796	27 ,,
1900	1,896,106 ,,	62,037	30 ,,
1901	1,649,292 ,,	62,200	25 ,,
1902	1,670,749 ,,	62,573	26 ,,
1903	1,678,461 ,,	68,045	24 ,,
1904	1,633,098 ,,	73,904	22 ,,
1905	1,775,229 ,,	75,134	23 ,,

During the earlier part of the year the water from the different sources of the public supply were analysed monthly by the City Analyst, Dr. Bostock Hill; on June 26th your Waterworks and Fire Brigade Committee decided that the analyses should be made quarterly instead of monthly; it was in 1901 that monthly analyses were first instituted; towards the end of that year your Waterworks Committee reverted to quarterly analyses, which were continued until the beginning of 1902, when monthly analyses were again ordered; at that time I reported as follows :—"It is hardly possible to exaggerate the importance of frequent and regular examinations of the water of a public water supply. Only in this way can minute changes of character of a water be carefully watched. It must not be forgotten that a public water supply is not a mere trading concern carried on for the relief of the rates; it is one of the most important sanitary undertakings incumbent on an urban community. A pure water supply is one of the first of hygienic requirements; and in a town it is one of the most difficult things obtainable by the private individual for himself. The private wells, which exist mostly on the outskirts of the City, are being gradually closed whenever they are found to be polluted. If not closed voluntarily they are closed compulsorily, and the owners are compelled to lay on the public supply. A grave responsibility therefore rests with the Sanitary Authority to take every means available to ensure the purity of that supply." On this account it is impossible to do otherwise than regard the resolution of the Waterworks and Fire Brigade Committee to have the water analysed quarterly instead of monthly as a retrograde step, and one to be greatly regretted.

The results of the analyses made during the past year are appended in the accompanying table. They show a satisfactory and consistent absence of fresh organic matter in all the samples.

The higher amounts of Nitrogen as Nitrates and Nitrites, found on several occasions in the Whitley water, indicate an undesirable changeableness in that water; the figures point to past pollution with organic matter; this is an unsatisfactory feature of that water, to which I have frequently drawn attention on previous occasions.

My report for 1903 contained the following:—" On previous occasions I have reported that the tank at Spon End is not all that it might be, as a receptacle for drinking water, which is not subsequently filtered. Its present limewashed walls get very dirty in the intervals between the cleansings. Such walls cannot be easily cleansed. This difficulty would be removed if the walls were lined with glazed bricks or other similar material. The tank should also be covered in above; this would lessen the tendency which exists for the growth of vegetable matter, as well as prevent the possibility of stones being thrown into the tank from an adjoining street, which now sometimes occurs. Further, the possibility of the drainage from the surrounding basin of land in times of heavy rains finding its way into the tank should be obviated; the entrance of extraneous impurities into a public supply of water should be rendered absolutely impossible." These observations remain appropriate to-day.

Results of Analysis expressed in parts per 100000.

WHITLEY WATERWORKS.

Date of Receipt of Sample.	Total Solid Impurity.	Free Ammonia.	Organic Ammonia.	Nitrogen as Nitrates and Nitrites.	Oxygen absorbed in Four Hours.	Chlorine.	Hardness.			Remarks.
							Temporary.	Permanent.	Total.	
1905.										
Jan. 6	64	0	0·001	0·44	0	3·7	3·70	18·60	22·30	Bright, few small particles
Feb. 4	58	0·001	0	0·33	0	3·6	2·28	18·48	20·76	,, ,, ,,
Mar. 3	62	0	0·001	0·44	0·005	3·5	3·04	18·00	21·04	,, ,, ,,
April 10	64	0	0·001	0·44	0	3·7	3·72	19·16	22·88	Pretty clear, many small particles
May 9	66	0	0·001	0·44	0	3·5	3·94	18·66	22·60	Bright, few small particles
June 22	62	0	0·001	0·36	0·010	3·6	3·56	20·04	23·60	,, ,, ,,
July 7	62	0	0·001	0·11	0·018	3·5	3·92	19·04	22·96	Pretty clear
Oct. 9	60	0·001	0·002	0.44	0·015	3·6	2·56	18·80	21·36	Pretty clear, many small particles

DOEBANK WELL, SPON END.

1905.										
Jan. 6	52	0	0·002	0·22	0·003	2·5	2·80	18·40	21·20	Bright, few small particles
Feb. 4	50	0·001	0·001	0·22	0·002	2·3	3·22	18·20	21·42	,, ,, ,,
Mar. 3	52	0·001	·001	0·22	0·002	2·5	3·14	18·26	21·40	,, ,, ,,
April 10	46	0·001	0·002	0·33	0·001	2·0	4·12	14·00	18·12	Pretty clear, many small particles
May 9	54	0·001	0·002	0·22	0·002	2·3	3·66	18·40	22·06	,, ,, ,,
June 22	50	0	0·002	0·33	0·012	2·4	2·50	17·96	20·46	Bright, few small particles
July 7	56	0	0·002	0·33	0·025	2·5	3·76	18·22	21·98	Pretty clear, many small particles
Oct. 9	44	0·001	0	0·22	0·002	2·4	2·26	17·95	20·21	Bright, few small particles

TANK, SPON END.

1905.										
Jan. 6	48	0	0·001	0·22	0·003	2·0	3·10	14·90	18·00	Bright, few small particles
Feb. 4	36	0·001	0·001	0·27	0·001	1·7	3·46	14·42	17·88	,, ,, ,,
Mar. 3	48	0	0·001	0·22	0·005	1·8	4·18	14·42	18·60	,, ,, ,,
April 10	54	0·001	0·002	0·22	0·002	2·3	3·66	18·40	22·06	Pretty clear, many small particles
May 9	52	0	0·002	0·33	0	2·4	4·74	18·14	21·88	Bright, many small particles
June 22	48	0	0·002	0·26	0·010	2·2	2·82	17·00	19·82	Bright, few small particles
July 7	60	0	0·001	0·11	0·012	1·5	3·56	16·46	20·02	Pretty clear
Oct. 9	38	0	0	0·22	0·015	1·9	3·92	14·22	18·14	Pretty clear, many small particles

Private Water Supplies.

Some further progress has been made during the year in excluding from use those private wells whose water is unfit for use for drinking purposes; and in getting the public supply laid on to houses which are not supplied with a pure water.

Samples of water from 31 wells have been taken, and subsequently analysed. Of these 27 have been condemned. As a result of this action 8 wells have been permanently closed, and 83 houses have been connected with the public supply. In some cases owners have been reluctant to permanently close wells, stating that the water will be of use for gardening and such-like purposes. Where it has been clear that the water would only be used for such purposes, the wells have been allowed to remain.

So far as is known the number of houses remaining, and which are wholly supplied with well water, approximates to 463.

Insufficient Water Supply in Courts.

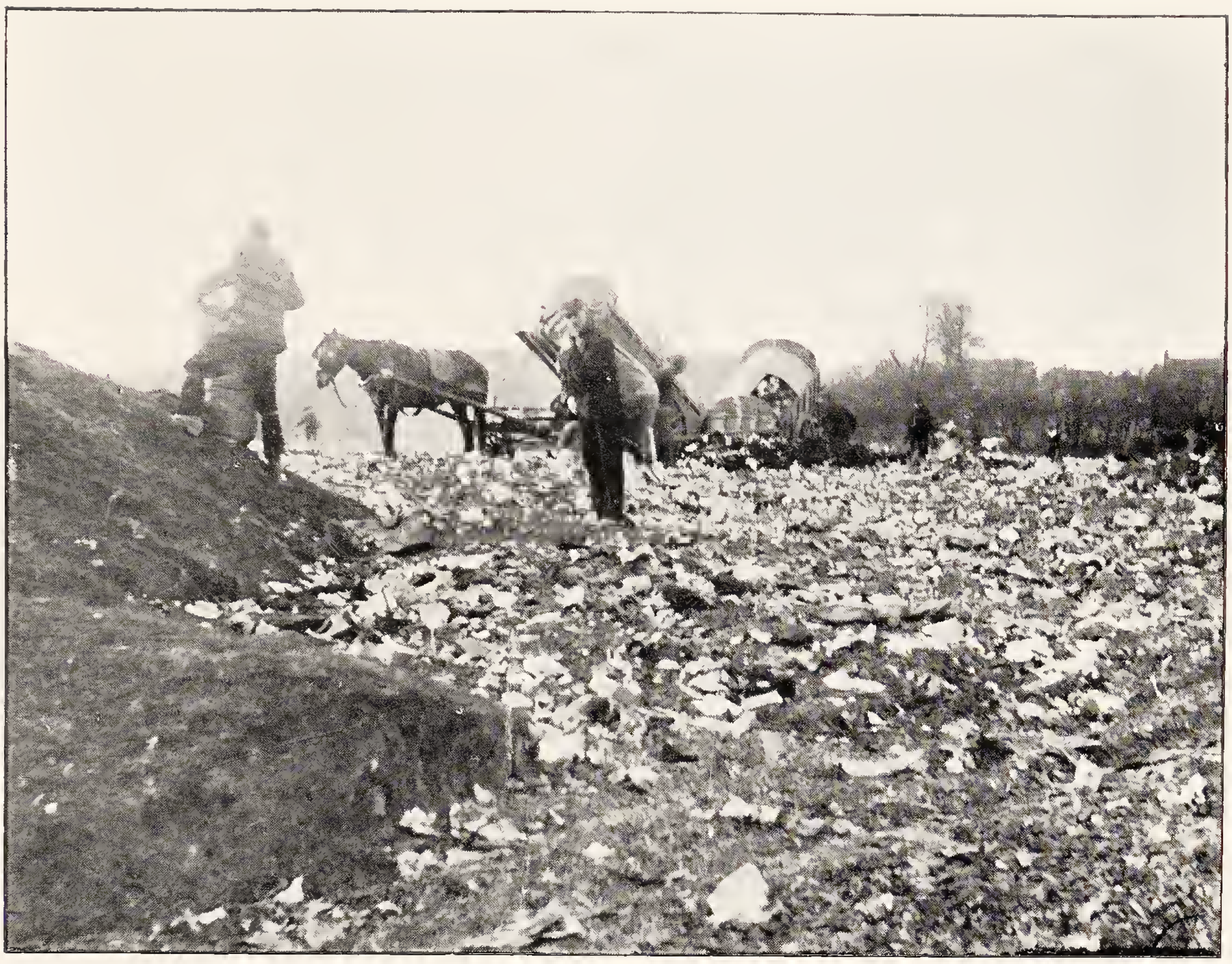
It has been the custom in courts for several houses to be supplied with one tap. When it is found that more than eight houses are supplied in this way, I forward an intimation of this to your City Engineer, who reports to your Sanitary Committee that the houses have not a proper supply of water, and the owner is called on to provide a sufficient number of taps. It is probable that in the future it may be felt that one tap for eight houses cannot be described as adequate.

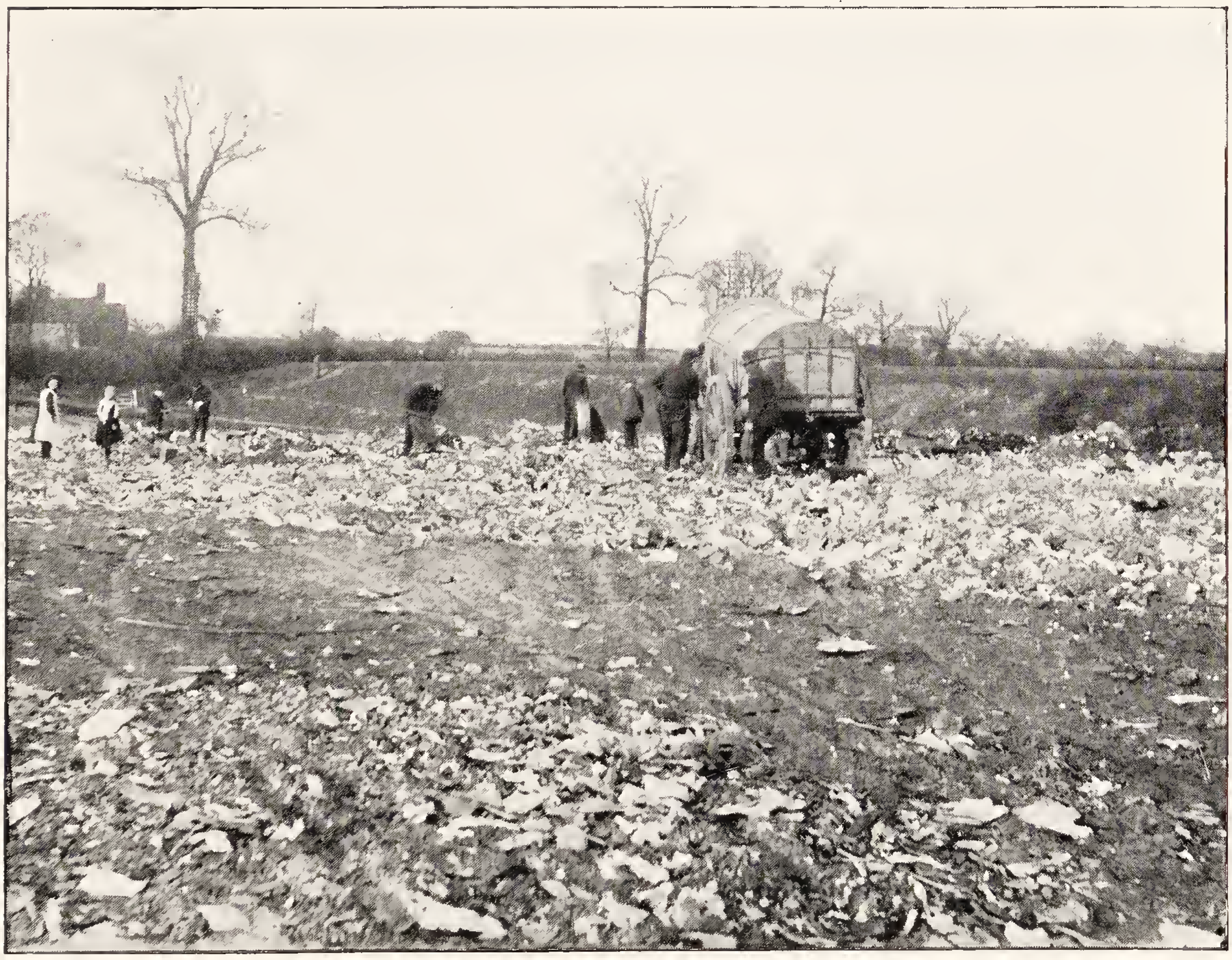
Refuse Removal.

Your City Engineer has kindly informed me that during the past two years the following amounts of house refuse have been removed :—

1905.	Cubic yards.		Cart loads.
Ashpit refuse removed	8,578	=	4,294
Ashbin ,, ,,	32,922	=	16,461
	41,509	=	20,755

1904.	Cubic yards.		Cart loads.
Ashpit refuse removed	11,903	=	5,951
Ashbin ,, ,,	30,897	=	15,449
	42,800	=	21,400





Views of Corporation refuse tip, shewing rag-pickers at work sorting rubbish prior to bringing back same into the City.

It will be noticed that the amount of refuse from ashpits is being gradually reduced on account of the steady abolition of the old-fashioned deep and objectionable ashpit.

There is no change in the obnoxious method of getting rid of the refuse by tipping it in huge accumulations on the confines of the City. Quite a number of rag pickers find employment by sorting over the heaps and bringing back into the City everything in the nature of rags, which can be sold to rag dealers; the offensiveness of much of this material is not a matter of moment to them. The drainage from these accumulations is highly objectionable; it partly enters the City sewers, partly drains into the Canal, and partly into other channels that are so situated that they receive it. The more the City increases in size the greater becomes the necessity for providing a dust destructor.

Two photographs are given in this report (taken by Inspector Clarke) showing rag-pickers at work on the Stoke tip, collecting for removal into the City material removed out by the Corporation carts.

Sewage Disposal.

The sewage is disposed of by broad irrigation on the Sewage Farm at Baginton, some two miles outside the City. To reach that farm it has to be pumped by the pumping station at Whitley. I am led to understand that the effluent obtained has been satisfactory, and that the main purpose of the farm is successfully accomplished.

Drainage of Foleshill and Stoke.

In my Report for 1904 I stated that at that time there were between three and four hundred houses in the Foleshill district still draining into the Canal. During 1905 the two outfalls from these houses have been connected up with the main sewers; in the meantime the individual drains from those houses are themselves being gradually connected directly with the new sewers, leaving only rain water and surface drainage to enter the older sewers; when all of these connections are complete, it will be possible for the old sewers to again discharge into water courses, as they will then be simply rain water sewers.

The 77 houses also which I reported as draining into the Spring Brook, at Little Heath, have had their outfall diverted into the proper sewers.

Coventry Fairs.

The dwelling vans visiting the Whitsuntide Fair were visited, and the usual enquiries made. All the vans were found to be clean, and no illness among any of the occupants was reported. The number of living vans was 45, against 40 in 1904; there were 131 occupants, against 115 in 1904; in addition there were about 273 other persons employed at stalls, etc., who were not dwelling in the vans.

It is becoming common for the Pool Meadow to be occupied at other times than at Whitsuntide with dwelling vans. On April 29th I reported to your Sanitary Committee as follows :—
"During the past week your Committee probably know that a number of dwelling vans have been on the Pool Meadow in connection with the roundabouts, etc. These vans contained about 40 people. No provision was made for the sanitary accommodation of these people. I am of the opinion that if living vans are allowed to camp on this ground, some provision of this nature is called for. Probably permanent conveniences for these recurring fairs would offer advantages over temporary structures. Large quantities of refuse matter were deposited on the banks of and in the river during the course of last week."

The Shop Hours' Acts, 1892-1904.

When considering the appointment of a Health Visitor, your Sanitary Committee discussed the duties which would have to be performed by an Inspector appointed to carry out the provisions of the above Acts. On this matter I reported as follows :—

"In accordance with the instructions of your Committee, I am herewith reporting concerning the duties which would devolve on an Inspector who was appointed by your Authority to see to the carrying out of the provisions of the Shop Hours' Acts in the City.

The Shop Hours' Acts, 1892 to 1904, include five different Acts of Parliament, which are as follows :—

1. Shop Hours' Act, 1892.
2. Shop Hours' Act, 1893.
3. Shop Hours' Act, 1895.
4. Seats for Shop Assistants' Act, 1899.
5. Shop Hours' Act, 1904.

(1) The Act of 1892 makes it unlawful for any young per-

son, *i.e.,* a person under the age of 18 years, to be employed in or about a shop for a longer period than 74 hours, including meal times, in any one week. If a young person works during part of the day in a factory or workshop, the time so worked is added to that during which he is employed in a shop.

The Act also provides that in every shop in which a young person is employed, a notice shall be kept exhibited by the employer in a conspicuous place, referring to the provisions of this Act and stating the number of hours in the week in which a young person may lawfully be employed in that shop.

This Council, being the Council of a County Borough, is empowered by the Act to appoint such Inspectors as they think necessary for the execution of the Act.

As your Council has hitherto appointed no one to the duty of enforcing the Act, the Act is not enforced in this City.

(2) The Shop Hours' Act, 1893, was an amending Act, which laid it down that any expenses incurred under the Act of 1892 should be chargeable to the Borough Fund.

(3) The Shop Hours' Act, 1895, was a further amending Act, which specified a penalty for an employer not exhibiting the notice required in the Act of 1892. No penalty had been inserted in the original Act.

(4) The Seats for Shop Assistants' Act, 1899, requires that in all rooms of a shop where goods are actually retailed to the public, and where female assistants are employed for the retailing of goods to the public, the employer carrying on business in such premises shall provide seats behind the counter, or in such other position as may be suitable for the purpose, and such seats shall be in the proportion of not less than one seat for every three female assistants employed in each room.

(5) The Shop Hours' Act, 1904, is of a different nature to the preceding Acts. It confers on local authorities powers (within certain limits) to determine the time beyond which certain classes of shops shall not remain open in the evening, or to make a 'closing order' compelling closure of certain classes of shops during one half day per week.

The making of such closing orders is safeguarded by the necessity of there existing a fair measure of unanimity among the tradesmen concerned, viz., two-thirds of the occupiers of any given number of shops affected. Also the order has to be confirmed by a Secretary of State. Certain trades are exempted from the provisions of the Act.

As no order has been made in this City under this Act, there are no duties to be undertaken by an Inspector.

As regards the other Acts the duties would consist of seeing

1. That regard should be paid to the 74 hours' limit of work per week for young persons in shops.
2. That the notices required by the Act are posted in shops where young persons are employed.
3. That provision is made in the way of the proper number of seats for female assistants.

Probably the mere fact that an Inspector was appointed to enforce the provisions of the Acts would go a long way towards ensuring the carrying out of those provisions.

In any case it does not appear to be probable that many visits to shops would be called for.

I think that there is much to be said in favour of a Sanitary Inspector, who already has to visit workshops, having the duties under these Acts allocated to him. On the appointment of a Female Health Visitor such duties could be delegated to her. This is done in Burnley, Bury, Hanley, Manchester, and Warrington.''

At a subsequent meeting Inspector Clarke was appointed Inspector under the Shop Hours' Acts, 1892-1895, and it was assigned as a duty to the Health Visitor to make visits in connection with the Acts.

Female Health Visitor.

The question of the appointment of a Health Visitor has been under the consideration of your Sanitary Committee. I have reported concerning similar appointments that have been made in a considerable number of other towns, and concerning the duties that are there assigned to them; on the recommendation of your Committee you authorised the Sanitary Committee to draw up a list of duties for a Health Visitor, and to advertise the appointment.

The following list of duties has been sanctioned by your Sanitary Committee :—

Duties of Health Visitor.

1. Inspection of Workshops employing female labour.
2. Visits to poorer houses where births have occurred, to instruct mothers in regard to the feeding and care of infants.
3. Visits in connection with infectious or other diseases.
4. Visits to houses in regard to cleanliness, etc.
5. Visits under the Midwives Act.
6. Visits under the Shop Hours' Acts, and Seats for Shop Assistants' Act.
7. To act under the direction of the Medical Officer of Health, and perform any other duties which he may require.

Miss M. Strover has since been appointed to the post, and commenced her duties on February 21st of the current year.

References to other Departments.

These included 397 references to the City Engineer, 165 to the Waterworks Engineer, and 365 to the Education Department.

The character of the references to the City Engineer is set out in the following table:—

Unauthorized erections	11
Dangerous buildings and chimneys	18
Dangerous condition of roads and pavement ...	5
Foul gullies in courts	33
Foul and defective street gullies	51
Complaints of stench from open manhole covers to sewers	15
Foul and obstructive sewers	32
Ashpits and ashbins requiring emptying	140
Privies and cesspools requiring emptying ...	75
Complaint of offensive refuse tip	1
Offensive ditches or open sewers	10
Sewage in cellars	6
	397

The references to the Waterworks Engineer dealt with such matters as waste of water from taps and cisterns.

References to the Education Department have related to children who have suffered from infectious disease, or who live in houses where infectious disease was present.

The Inspection of the District and the Sanitary Staff.

The bulk of the work done by the Health Department is of a routine character. It consists of the suppression of nuisances, and in general the correction of sanitary defects in and around dwellings. This work can best be set out in tabular form :—

DRAINAGE AND PAVEMENT.

Drains opened and cleansed from obstruction ...	278
Drains provided with efficient traps	373
New drains and intercepting chambers provided ...	249
Drains relaid	149
Sink and cellar drains, etc., disconnected from sewer	16
New sinks provided	32
New sink waste pipes provided and others repaired	37
Drains tested	432
Soil pipes improved	34
Courts and back yards paved and repaired ...	183
Courts and back yards cleansed	229
Rain water tanks cleansed	29

DWELLINGS.

Floors of houses relaid or repaired	193
Dilapidated walls and ceilings repaired	124
Damp walls—damp courses inserted	13
Roofs repaired and made weather-proof	86
Dangerous stairs repaired	43
Additional windows provided and others made to open	55
Defective spouting repaired	123
Houses limewashed and cleansed	345
Houses limewashed after infectious disease ...	152
Cases of overcrowding dealt with	23

WATER CLOSETS AND URINALS.

Additional w.c.'s provided	39
Water closets re-constructed	37
Water closets repaired and limewashed	402
Water closets provided with new basins and traps	150
Defective joints in flush pipes and traps repaired ...	108

Foul w.c. basins and traps cleansed	325
Defective w.c. cisterns repaired	195
New flushing cisterns provided	40
Urinals cleansed and reconstructed	34
Urinals abolished	20

Privies, Ashpits, and Dustbins.

Offensive privies and pail closets converted into w.c.'s	77
Offensive privies and pail closets abolished and new ones erected	146
Offensive ashpits abolished	159
Sanitary dustbins provided in place of above ...	330
Other houses provided with sanitary dustbins ...	123

Various.

Smoke nuisances dealt with	26
Nuisances from animals kept, abated	113
Offensive accumulations removed	63
Gipsy tents and vans removed	8
Miscellaneous	139
Total ...	5,732

So far as the work is capable of tabulation, the number of visits and other work involved is shown in the following table:—

Number of visits to premises	17,729
Number of notices issued	1,354
Number of letters issued	1,118
Number of summonses issued for non-compliance with notice to abate nuisances	5
Number of nuisances remaining unabated after expiration of notice	29
Number of registered premises under supervision (not including workshops)	437
Number of visits paid to registered premises ...	2,662

Circulars delivered and enquiries made in connection with 1,600 cases of measles, and 130 cases of chicken pox.

A table accompanies in which the work accomplished in the year is compared with that of the previous nine years. Progress

Summary of Inspector's Work.

IN CONNECTION WITH THE SUPPRESSION OF NUISANCES FOR THE PAST TEN YEARS.

	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	Total for 10 years.
No. of drains opened and cleansed from obstruction ...	95	94	91	87	157	169	124	208	208	278	1,511
,, drains provided with efficient traps	377	328	404	257	246	374	350	247	371	373	3,327
,, new drains provided to premises	69	47	41	19	33	15	307	360	194	398	1,483
,, sink drains disconnected from the sewer	12	27	17	8	42	37	18	11	13	16	201
,, new sinks provided and others repaired					56	48	42	21	62	69	298
,, floors of houses relaid or repaired...					295	298	228	320	308	193	1,642
,, roofs of houses repaired and made weatherproof...					104	67	130	130	163	86	680
,, defective spouts repaired					63	65	133	138	147	123	669
,, houses limewashed and cleansed	175	302	344	422	721	301	271	317	325	345	3,523
,, houses cleansed after infectious disease				115	174	623	228	222	125	152	1,639
,, offensive privies or pail closets converted into water closets	58	10	39	17	42	8	62	122	211	223	792
,, offensive privies converted into pail closets ...					81	62					143
,, additional new water closets provided	8	19	26	71	61	54	177	188	108	76	788
,, water closets provided with new cisterns... ...	411	108	451	342	91	31	63	91	46	40	470
,, ,, ,, ,, ,, new basins and traps					105	85	138	166	115	150	1,963
,, foul water closet drains cleansed		329			302	254	395	321	293	433	2,327
,, defective W.C. cisterns, etc., repaired					369	159	389	216	184	195	1,512
,, offensive ashpits abolished...	110	77	20	434	274	236	171	188	210	159	1,879
,, sanitary dustbins provided in place of the above				701	723	539	327	448	405	330	3,473
,, ,, ,, ,, to other premises ...			252	436	423	408	490	176	152	123	2,460
,, urinals cleansed, repaired and reconstructed ...	26	39	38	14	19	25	30	24	27	34	276
,, courts and backyards paved and repaired ...	68	81	92	64	48	68	101	182	176	183	1,063
,, nuisances from animals kept abated	40	15	19	28	16	45	78	92	99	113	545
,, accumulations of manure, etc., removed	34	35	39	27	39	43	29	44	64	63	417
,, smoke nuisances dealt with		30	18	23	25	20	23	22	39	26	226
,, cases of overcrowding dealt with	11		5	25	15	11	6	31	23	23	150
,, vent and soil pipes removed or replaced and miscellaneous sanitary improvements effected	138	5	57	73	93	613	309	170	1406	1528	4,392
	1,632	1,546	2,096	2,462	4,417	4,658	4,629	5,469	5,474	5,732	37,849

Summary of other Miscellaneous Work

FOR THE PAST TEN YEARS.

	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905
No. of visits and re-visits to premises	12,120	12,936	13,381	12,805	23,275	19 244	18,039	17,244	15,491	17,729
„ notices issued for abatement of nuisances ...	1,085	1,116	1,384	1 612	2,957	2.966	2,023	2,285	1,566	1,354
„ letters „ „ „ „ ...			225	330	392	402	462	467	327	1,118
„ summonses issued for non-compliance with notices served to abate nuisances		8	3	5	12	5	4	0	4	5
„ nuisances remaining unabated after expiration of notice	12		10	10	9	6	32	36	25	29
„ registered premises under supervision	341	311	329	349	377	388	396	405	423	437
„ visits paid to registered premises...	1,546	1,299	1,379	1.291	1 863	1 310	1,635	1,985	2,558	2,662
„ references to City Engineer	1,027			1,148	910	782	699	648	532	397
„ references to Water Engineer				79	236	178	227	138	103	165
„ drains tested					32	65	113	414	438	432

is being made in causing the old-fashioned deep and offensive ashpit to disappear in favour of the more sanitary dustbin, with the more frequent removal of house refuse. During the past ten years, 1879 of these have been abolished and replaced by 3,473 bins. In 1899 the privy midden system had practically disappeared from the City, when, by the addition of the Foleshill and Stoke areas, a district in which this system was universal, came into the City. In this district, at that date, there existed 1,153 privies and pail closets, mostly the former; since then 627 of these have been converted into water closets, so that the larger portion of this very desirable and necessary change has now been effected; the conversions are effected at no cost to the Corporation. The supervision of structural work of this sort claims a large proportion of the Inspectors' time.

A considerable amount of drain testing has again been done; the assistance of a labourer is required for this work; this assistance is at present supplied from the City Engineer's Department; the whole time of one labourer could be easily employed with work of this kind undertaken by the Department.

The number of visits and re-visits paid to courts and courtyards has been 3,608. The systematic inspection that has been done has embraced 324 houses; these have been situated in the neighbourhood of the following streets:—Grove Street, Cox Street, Chauntry Place, Much Park Street, Cow Lane, and Spon Street.

I am pleased to be able to report that during the year no vacancies have occurred in the staff of Inspectors; the three Assistant Inspectors have now been in the employ of your Corporation for from 4 to 4½ years. This is a pleasing change on the condition which prevailed four or five years ago, and is, I believe, partly owing to the progressive scale of salaries which has been adopted by your Council. I believe that the three Assistant Inspectors do their work conscientiously and well, and with an unobtrusiveness which is desirable. Your Chief Inspector is so well known to your Council that it is unnecessary for me to speak of his work.

I am appending to this Report a copy of my Annual Report to the Education Committee, a list of the Magisterial proceedings which have been necessary during the year, an extended schedule of the ages at, and causes of, death, a return of the samples taken under the Food and Drugs Acts, a report on the

Congress of the Royal Institute of Public Health, and a map showing the distribution of those cases of Scarlet Fever, Typhoid Fever, Diphtheria, and Small Pox which have been notified during the year.

I am, Mr. Mayor and Gentlemen,

Your obedient servant,

E. H. SNELL,

Medical Officer of Health.

Public Health Department,

Coventry, April 3rd, 1906.

ANNUAL REPORT TO THE EDUCATION COMMITTEE.

To the Education Committee of the Corporation of Coventry.

Ladies and Gentlemen,

In October last the Council, on the recommendation of your Committee, did me the honour of appointing me Medical Officer to your Committee. The duties attached to the office were as follows :—

1. To examine children apparently defective in hearing, vision, or mind.
2. To visit children when there is a doubt as to their fitness to attend school.
3. To medically examine candidates for pupil teacherships.
4. To visit servants of the Committee absent from school if found necessary.
5. To visit each school not less than twice a year with the object of medically examining children and making a sanitary survey of the premises, and to present to the Committee once a year a report of his work, and to make such special reports from time to time as may be necessary.

It is in pursuance of one of the duties comprised under this last heading that I am now making this report, as an annual report, to cover that period of my appointment, two months, prior to December 31st, 1905. Although this period is such a small portion of the year, I have, in a report made to the Elementary Education Sub-Committee, suggested that this course would probably be the most convenient, in that it would simplify my book-keeping by causing the report on the schools to coincide in time with my annual report to the Council.

Under the circumstances, it must necessarily occur that this is less a report on actual work done than a short précis of the course I propose to adopt in carrying out my duties to your Committee.

I. In regard to children defective in hearing, vision, or mind, some few have been referred to me by your Secretary for report, and on these I have reported. Others come to my notice in the systematic visits paid to the schools, which visits I refer to later.

II. Concerning children about whom there may be a doubt as to their fitness to attend school, only two such cases have been referred to me in 1905, and on these I have reported. I understand that children coming under this category will be mainly those whose parents allege illness as the excuse for non-attendance, and there may be a doubt as to whether they are actually under medical treatment or not, and if not, whether their alleged illness is a sufficient excuse for non-attendance.

III. Candidates for pupil teacherships. There were none referred to me in the two months.

IV. It has only been found necessary for me to visit one servant of the Committee absent from school in 1905.

V. (*a*) The systematic visitation of schools is being carried out. At the present time I am giving at least two afternoons a week to this work. I examine those children whom the Head Teacher, for any reason, may think should come under medical supervision, and any other children who on a superficial view should be further examined. Where ailments exist which require medical treatment, and are not receiving it, I write to the parents on the matter; in a few cases where a verbal communication has appeared more desirable, this latter course is adopted. The defects to which my attention has been directed most frequently have been defects of vision. I shall hope, in my next report, when all the schools have been visited, to be able to give figures concerning the number of cases that have been dealt with in this way.

The medical inspection of scholars is, I believe, of great importance. In this country it is only in its infancy, and to avoid the susceptibilities of parents it has to be approached gradually. I believe that the benefits that would accrue from a system in which all the scholars could be regularly medically inspected would be large to future generations. It is a great mistake to suppose that it is only infectious diseases that are preventible. I recognize that your Committee, in appointing one who is only able to give a portion of his time to the work, is approaching the matter tentatively. The work is, however, all Preventive Medicine or Public Health, and I believe that there will be found advantages, from many points of view, in its close association with a Public Health Department, whatever may be its ultimate development.

(*b*) In regard to the sanitary survey of the premises of schools, I have commenced, in the first place, to make a thorough sanitary survey of all the schools, including the testing of all drains. This work can only be slowly accomplished; and as each school's survey is completed I forward to your Secretary a list of the defects found; these defects, where possible, are being corrected in rotation.

(*c*) The Annual Report—dealing only with a small portion of a year—I am now presenting.

(*d*) During the last two months of 1905 I presented two special Reports to your Elementary Education Sub-Commitee.

The first of these had reference to the attendance at school of children under five years of age.

The advantages which might be claimed for such attendance are clearly of two kinds, viz.:—

(1) Educational advantages; and

(2) Convenience to the mothers in being thus freed from the duty of looking after their children for a period of the day.

1. Concerning the educational advantages of such attendance, Mr. Cyril Jackson, the Chief Inspector of Public Elementary Schools, in presenting the reports of the five women Inspectors, who were specially assigned to the duty of reporting on the education of very young children, whom the Board of Education has now given local authorities power to exclude, says:—"There is complete unanimity that the children between the ages of three and five get practically no intellectual advantage from school instruction. The mechanical teaching in many infants' schools seems to dull rather than awaken the little power of imagination and independent observation which these infants possess."

Further, there is no correspondence between the efficiency of the educational systems of different countries and the smallness of the age at which school attendance is commenced.

2. Concerning the convenience to mothers, this advantage cannot be doubted in many instances. It may, however, be pointed out that in Coventry there is not much employment of married women in factories in the way that this pertains in many other towns, *e.g.*, in the North of England. Also if these children are solely sent to school

for the convenience of the mothers, it will probably be recognized that a trained staff of teachers is scarcely called for if their function is merely that of looking after infants for the convenience of the mothers.

On the other hand, there are disadvantages in the attendance of young infants which require to be thought of.

1. It constitutes a waste of public money, both of local and national funds, owing to the necessity for the provision of school accommodation, teachers and appliances. In the school year 1899-1900, Dr. Newsholme, of Brighton, estimated that the sum of £900,000 was spent on the attendance at school of such infants, who obtain no scholastic advantage by such attendance. He urged that this money would be better employed by giving 300,000 boys over 14 years of age an additional year's education or in technical training.

2. Such premature school attendance tends to "force" functions of the brain which should only come into activity at a later age, and so favours mental deterioration. It greatly increases also the liability to near-sightedness and general ill-health.

The finer muscular movements are not possible to an infant of tender years; the finer movements of the eyes required in accommodation for looking at small and near objects are not accomplished by a young infant without undue effort; this causes him to bring small objects nearer his eyes than he should do, and this is a common cause of short sight in children.

3. A large loss of human life is caused by the aggregation of classes of 50 to 70 children at ages when they are most prone to be attacked by infectious disease. In such diseases as Measles and Whooping Cough there is no doubt at all that they are spread largely through the agency of schools. The older the child becomes the less liable is he to be attacked by these infantile diseases, and further, if he contracts one of them, the attack is the less likely to be serious. I am fully convinced that the discontinuance of attendance of children under five would be followed by a lessened death rate from some of these infectious diseases common among children.

The position in connection with the exclusion of children under five is defined by Article 53 of the Code of Regulations for Public Elementary Schools issued by the Board of Education in 1905, which is as follows:—

> “No child may be refused admission to a Public Elementary School on other than reasonable grounds.
>
> Where the Local Education Authority have so determined in the case of any school maintained by them, children who are under five years of age may be refused admission to that school.”

Paragraph (6) of the Memorandum to the Code refers to this matter as under:—

> “Children under five years of age are not required by law to attend school, and there is reason for believing that the attendance of such children is often accompanied by danger to health. There is also a mass of evidence pointing to the conclusion that a child who does not attend school before six years of age or more will, in general, compare favourably, at a later age, with a child whose attendance began at an earlier age. On the other hand, there is no doubt that parents in certain areas desire that their children should attend school as soon after the age of three as possible, or even before that age. The extent to which parents in any locality desire that very young children should attend school, and the weight which should be attached to the wishes of the parents in this matter are, no doubt, sufficiently well known to the Local Education Authority to enable them to deal on their own responsibility with the question of admitting or excluding children under five years of age. In these circumstances the Board will now give the Local Education Authority complete discretion on this point, and it will be held under Article 53 that a direction of the Local Education Authority to the effect that children under five shall be refused admission to any particular school or schools is a reasonable ground for excluding such children from the school or schools concerned. If the Local Education Authority so wish, different parts of their area may be treated differently in this respect.”

The second report made to the Elementary Education Sub-Committee dealt with various matters:—

(*a*) The limitation of the scope of the inspection of scholars to the detection of defects only, pointing them out to the teachers or parents, and endeavouring to get them alleviated where possible, but stopping short altogether at the treatment of children. This view of the limitation of inspection appeared to be the view of that Committee.

(*b*) Eye-sight defects of children. I proposed a scheme for the systematic testing of the sight of all children in the schools. This scheme is now being carried out; each school is provided with test types; the Head Teachers will be supplied with instructions concerning the use of them, and will be able to enter the results arrived at on cards provided; in this way those with defective sight will be singled out from the others; in most cases it will probably be found that these can be improved by the use of spectacles, and the parents will be communicated with to this effect.

(*c*) Physical development of children. I reported concerning this that our records concerning the physical development of children in different parts of the country are very meagre; several educational authorities have taken steps to have observations made concerning such matters as height and weight at different ages, and I suggested that advantage might be taken of the institution of a form of medical inspection to obtain some data concerning such development in this City. The Elementary Education Sub-Committee resolved to make the experiment in two selected schools, and to collect information concerning heights, weights and chest measurements at different ages, these observations to be repeated periodically concerning the same children.

(*d*) I also reported concerning the sanitary examinations of school premises which I proposed to make.

CLEANLINESS OF SCHOLARS.

There is a question in connection with school children which must receive some attention, namely the question of cleanliness. This demands attention as much from the point of view of the interests of the clean as of the dirty. On this point I am able to speak with some authority from the experience which I have had of school children during the past nine years in the City Hospital. At that Institution I have a rule that no girl's hair may be cut without my written consent, and in order to meet any objection that may afterwards be raised by parents, I make a note in writing as to the cause of the cutting of the hair after personal examination. The same rule does not pertain in regard to boys' hair, for the reason that in general, being shorter, a boy's hair is kept cleaner than that of a girl; also the cutting of a boy's hair is not of much moment. I am therefore in a position to give figures on this matter for years past. I have thought it unnecessary to take a long period, and have simply extracted those for 1905. In that year I find that there were admitted into the City Hospital 133 girls of school age and under; of this number no less than 61 had hair more or less verminous, *i.e.*, 46 per cent. had verminous heads. If the children under school age had been excluded the percentage would have been higher. It seems clear that cleanly children should in some way be protected from contamination by the dirty. I am informed by some Head Teachers in Girls' Departments that they draw the attention of parents to matters of this sort, and in extreme cases refer them to the Inspector of the Society for the Prevention of Cruelty to Children; this action is very valuable, but it will hardly suffice, considering the many demands on the time of the Head Teachers, to deal with this evil. Some Educational Authorities are attempting to deal with the matter by engaging the services of one or more trained nurses to systematically examine the heads of children; such examination has the advantage of bringing to light early cases of ring-worm and such like diseases; the parents of cleanly children could not reasonably object to such examination, for the reason that it would be in the interests of their own children that it would be done. It seems certain that some action in this matter is called for.

THE TEACHING OF HYGIENE AND TEMPERANCE IN SCHOOLS.

On a Report of mine to the Sanitary Committee on the relation of Alcohol to the Public Health, that Committee passed a resolution calling attention to the desirability of instructing children in the Public Elementary Schools in the dangers of alcoholism. The Elementary Education Sub-Committee considered this resolution, and ordered that copies of the Outline Scheme for teaching Hygiene and Temperance should be supplied to each Head and Assistant Teacher in the schools maintained by the Committee. The Head Teachers were also informed that " while the Committee gladly recognize that most of the suggestions given in the Board's scheme are carried out in the Coventry schools, they regard this teaching as being of such primary importance to the health and character of the future citizens, that they desire it should always be made a prominent feature in the training in habit of all scholars, and where not already so arranged, the Committee have recommended that direct instruction in Hygiene and Temperance should have a place in the curriculum for the upper classes of the school, on the lines suggested in the Outline Scheme of the Board of Education." (Quarterly Report of Education Committee, February 7th, 1906.)

This step is undoubtedly a wise one. The efficacy of this teaching will depend on the capacity of the teachers entrusted with it; the teaching of Hygiene to children, omitting all technicalities, and making that teaching as dogmatic as possible, presents difficulties, and many of the suggestions contained in the Outline Scheme are of value in this respect. The scheme, however, presupposes that the Teachers are themselves well grounded in the physiological and hygienic principles on which the Scheme is based.

INFECTIOUS DISEASE IN SCHOOLS.

In my Annual Report to the Council (page 35) is included a statement concerning the fact that during the year the Sanitary Committee, on my advice, made orders for the closing of eight Infants' Departments for stated periods on account of the prevalence of Measles; and on page 65 is given a table of the numbers of notifications of infectious diseases which have been received from the Head Teachers of the various schools during the year.

I am, Ladies and Gentlemen,
Your obedient servant,
E. H. SNELL, M.D., Lond.,
Medical Officer.

March 29th, 1906.

MAGISTERIAL PROCEEDINGS, 1905.

No. of Cases.	Complaint.	Result.	Total Costs.		
			£	s.	d.
1	Non-compliance with notice	Order made to abate ...		7	0
2	,, ,, ,, ...	,, ,, ...		10	0
3	,, ,, ,, ...	,, ,, ...		10	0
4	,, ,, ,, ...	,, ,, ...		10	0
5	,, ,, ,, ...	,, ,, ...		5	0
6	Five houses unfit for habitation ...	Closing Order made ...	3	0	0
7	Two ,, ,, ,, ...	,, ,, ...		14	0
8	Six ,, ,, ,, ...	,, ,, ...	3	17	0
9	One house ,, ,, ...	,, ,, ...	1	7	0
10	One ,, ,, ,, ...	,, ,, ...		7	0
11	One ,, ,, ,, ...	,, ,, ...		8	0
12	Polluted Well, application for Closing Order	,, ,, ...		5	0
13	Selling adulterated Milk	Fined 5/- and costs and Analyst's fee	1	4	0
14	,, ,, ,, ...	,, 10/- ,,	1	9	0
15	,, ,, ,, ...	,, 20/- ,,	2	0	0
16	,, ,, ,, ...	,, 20/- ,,	2	0	0
17	,, ,, ,, ...	,, £5 ,,	6	0	0
18	,, ,, Butter	,, 20/- ,,	2	0	0
19	Contravention of Cowsheds, Dairies and Milkshops Order	Withdrawn on payment of costs		5	0
20	,, ,, ,, ...	,, ,,		5	0
21	Contravention of Canal Boats Act ...	Fined 1/- and costs ...		10	6
22	,, ,, ,, ...	,, 1/- ,, ...		10	6
23	Breach of Swine Fever Order	,, £10 ,, ...	10	16	0
24	Revocation of Closing Order	Order granted			
25	,, ,, ,, ...	,, ...			
26	,, ,, ,, ...	,, ...			
27	,, ,, ,, ...	,, ...			
28	,, ,, ,, ...	,, ...			
29	,, ,, ,, ...	,, ...			
		£	39	0	0

EXTENDED SCHEDULE OF AGES AND CAUSES OF DEATH, YEAR 1905.

No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
1	Small-pox—														
	(*a*) Vaccinated	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Unvaccinated	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) No Statement	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2	Measles	3	51	6	..	..	..	..	..	..	..	..	..	..	60
3	Scarlet Fever	..	1	..	..	..	..	..	..	..	..	..	..	..	1
4	Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5	Epidemic Influenza	..	1	..	..	..	..	..	..	1	1	6	1	..	10
6	Whooping Cough	1	..	..	..	..	..	..	..	..	..	..	..	..	1
7	Diphtheria	..	11	1	1	..	..	..	..	..	..	..	..	..	13
8	Enteric Fever	..	..	1	3	..	..	1	1	..	..	..	..	..	6
9	Asiatic Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10	Diarrhœa, Dysentery	6	1	..	..	..	..	..	..	..	1	..	..	..	8
11	Epidemic Enteritis	17	6	..	..	..	..	..	..	..	..	..	..	..	23
12	*Other Allied Diseases*	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
13	Hydrophobia	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14	Glanders	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15	Tetanus	..	..	1	..	..	..	..	1	..	..	..	..	..	2
16	Anthrax	..	..	..	..	..	..	..	..	..	..	..	..	..	..
17	Cowpox	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18	Syphilis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
19	Gonorrhœa	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20	Phagedæna	..	..	..	..	..	..	..	..	..	..	..	..	..	..
21	Erysipelas	2	..	..	..	..	..	..	..	..	1	2	..	..	5
22	Puerperal Fever	..	..	..	..	..	2	1	1	..	..	..	..	..	4
23	Pyæmia	..	..	..	..	..	..	..	1	..	..	..	..	..	1
24	Infective Endocarditis	..	..	1	..	..	..	1	..	..	..	..	..	..	2
25	*Other Allied Diseases*	1	1	..	..	..	..	1	..	..	1	..	..	..	4
25*a*	Cerebro-spinal Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
26	Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..
27	Rheumatic Fever	1	..	2	1	1	..	..	1	1	..	1	..	..	8
28	Rheumatism of Heart	..	..	..	..	..	..	..	..	..	..	..	..	..	..
29	Tuberculosis of Brain	2	2	6	..	..	2	..	..	..	..	..	..	..	12
30	Tuberculosis of Larynx	..	..	..	..	..	..	..	..	..	1	..	..	..	1
31	Phthisis	..	1	..	2	2	9	13	17	11	17	2	1	..	75
32	Abdominal Tuberculosis	1	1	1	..	1	..	..	2	..	..	..	..	..	6
33	General Tuberculosis	..	..	1	..	2	1	2	1	..	1	..	..	..	8
34	Other forms Tuberculosis	..	1	1	..	..	..	..	..	..	..	..	..	..	2
35	*Other Infective Diseases*	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
36	Thrush	..	..	..	..	..	..	..	..	..	..	..	..	..	..
37	Actinomycosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
38	Hydatid Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
39	Scurvy	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40	*Other Diseases due to Altered Food*	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS	34	77	21	7	6	14	19	25	13	23	11	2	.	252

No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
41	Acute Alcohism	..	..	..	..	..	..	..	..	3	..	..	..	..	3
42	Chronic Alcoholism	..	..	..	..	..	..	..	1	1	..	1	..	..	3
43	*Chronic Industrial Poisonings* ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
44	*Other Chronic Poisonings*	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
45	Osteo-arthritis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
46	Gout	..	..	..	..	..	..	..	..	..	..	..	..	..	..
47	Cancer	..	..	..	..	..	..	4	3	8	17	14	6	..	52
48	Diabetes Mellitus	..	..	..	..	..	..	1	..	1	1	2	..	..	5
49	Purpura Hæmorrhagica	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50	Hæmophilia	..	..	..	..	..	..	..	..	..	..	..	..	..	..
51	Anæmia	..	..	..	..	1	1	..	3	1	1	..	..	..	7
52	Lymphadenoma	..	..	..	..	..	..	..	..	..	..	..	..	..	..
53	Premature Birth	54	..	..	..	..	..	..	..	..	..	..	..	..	54
54	Injury at Birth	1	..	..	..	..	..	..	..	..	..	..	..	..	1
55	Debility at Birth	8	..	..	..	..	..	..	..	..	..	..	..	..	8
56	Atelectasis	1	..	..	..	..	..	..	..	..	..	..	..	..	1
57	*Congenital Defects*	5	..	..	..	..	..	..	..	1	..	..	..	..	6
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
58	Want of Breast Milk	..	..	..	..	..	..	..	..	..	..	..	..	..	..
59	Atrophy, Debility, Marasmus ..	29	1	..	..	..	..	..	..	..	..	..	..	..	30
60	Dentition	..	..	..	..	..	..	..	..	..	..	..	..	..	..
61	Rickets	1	4	..	..	..	..	..	..	..	..	..	..	..	5
62	Old Age, Senile Decay	..	..	..	..	..	..	..	..	1	2	21	45	20	89
63	Convulsions	15	4	..	..	..	..	..	..	..	..	..	..	..	19
64	Meningitis	3	5	3	1	1	..	1	1	1	..	..	..	..	16
65	Encephalitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
66	Apoplexy	..	..	..	..	..	..	..	3	3	7	14	9	..	36
67	Softening of Brain	..	..	..	..	..	1	..	..	..	..	2	..	..	3
68	Hemiplegia	..	..	..	..	1	..	..	..	..	2	..	1	..	4
69	General Paralysis of Insane ..	..	..	..	..	..	..	..	2	3	4	2	..	..	11
70	Other forms of Insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..
71	Chorea	..	..	..	..	..	..	..	..	..	..	..	..	..	..
72	Cerebral Tumour	..	..	..	..	..	2	..	..	..	..	..	..	..	2
73	Epilepsy	..	..	2	1	..	..	2	2	2	..	1	..	..	10
74	Laryngismus Stridulus	..	..	..	..	..	..	..	..	..	..	..	..	..	..
75	Locomotor Ataxy	..	..	..	..	..	..	..	..	..	..	..	..	..	..
76	Paraplegia	..	..	..	..	..	..	..	..	1	1	2	..	..	4
77	*Other forms, Brain Diseases* ..	2	..	..	..	..	..	..	..	..	4	3	5	1	15
77a	Lateral Sclerosis (Spinal)	..	..	..	..	..	..	..	..	..	3	..	1	..	4
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
78	Otitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
79	Disease of Nose, Epistaxis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
80	Diseases of Eye	..	..	..	..	..	..	..	..	..	..	..	..	..	..
81	Pericarditis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
82	Endocarditis	..	..	1	2	5	..	5	8	7	6	7	1	1	43
83	Hypertrophy of Heart	..	..	..	..	..	..	..	..	..	..	..	..	..	..
84	Angina Pectoris	..	..	..	..	..	..	..	..	1	..	3	2	1	7
85	Aneurism	..	..	..	..	..	..	..	..	..	..	1	..	..	1
86	Senile Gangrene	..	..	..	..	..	..	..	..	..	..	2	2	..	4
87	Embolism, Thrombosis	..	..	..	..	..	..	..	..	1	..	..	..	..	1
88	Phlebitis	..	..	..	..	..	..	..	..	1	..	..	1	..	2
89	Varicose Veins	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS ..	119	14	6	4	8	4	13	23	36	48	75	73	23	446

No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
90	*Other Diseases, Heart and Vessels*	1	..	..	1	1	..	6	4	10	11	15	12	2	63
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
91	Laryngitis	..	1	..	..	..	..	1	..	..	..	..	1	..	3
92	Croup	..	1	..	..	..	..	..	..	..	..	..	..	..	1
93	*Other Diseases, Larynx & Trachea*	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
94	Acute Bronchitis	22	5	1	..	..	..	..	1	1	2	3	3	1	39
95	Chronic Bronchitis	..	..	..	..	..	..	..	..	..	4	12	7	6	29
96	Lobar Pneumonia	..	..	..	..	..	..	1	1	1	..	..	..	..	3
97	Lobular Pneumonia	10	14	1	..	..	..	..	1	..	5	4	3	3	41
98	Pneumonia	5	6	1	..	..	2	7	4	3	7	4	3	..	42
99	Emphysema, Asthma	..	..	..	..	..	..	1	..	1	1	2	1	..	6
100	Pleurisy	..	..	..	..	..	..	..	..	1	..	..	..	..	1
101	*Other Diseases, Respiratory System*	..	..	..	..	..	..	..	..	1	1	1	..	..	3
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
102	*Diseases of Mouth and Annexa* ..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
103	Diseases of Pharynx	..	..	..	..	..	..	..	..	..	..	..	..	..	..
104	Diseases of Œsophagus	..	..	..	..	..	..	..	..	..	..	..	..	..	..
105	Ulcer of Stomach and Duodenum	..	..	1	..	..	..	2	..	..	1	..	..	..	4
106	Other Diseases of Stomach ..	2	..	..	..	..	..	..	..	..	..	..	..	..	2
107	Enteritis	10	2	..	..	..	..	..	..	1	..	1	..	..	14
108	Appendicitis	..	..	..	2	..	..	1	..	..	..	1	..	..	4
109	Obstruction of Intestine	1	2	..	..	..	..	..	..	2	2	1	1	..	9
110	Other Diseases of Intestine ..	..	..	..	..	..	..	..	..	1	..	1	2	..	4
111	Cirrhosis of Liver	..	..	1	..	..	..	..	2	4	4	2	..	..	13
112	Other Diseases of Liver	2	..	..	..	..	..	1	1	..	3	1	..	..	8
113	Peritonitis	..	1	..	..	1	..	1	1	..	..	..	..	..	4
114	*Other Diseases, Digestive System*	..	..	..	..	..	1	..	..	..	..	1	..	..	2
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
115	*Diseases, Lymphatic System and Glands*	..	..	..	..	..	1	..	..	1	..	..	..	..	2
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
116	Acute Nephritis	2	1	..	..	..	..	..	1	1	..	..	..	..	5
117	Bright's Disease	..	..	..	1	..	1	2	4	4	7	8	1	..	28
118	Calculus	..	..	..	..	..	..	..	..	..	..	1	..	..	1
119	Diseases of Bladder and Prostate	..	..	..	..	..	..	1	1	..	..	..	3	..	5
120	*Other Diseases, Urinary System* ..	..	..	..	..	..	..	..	..	2	..	..	..	..	2
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
121	Diseases of Testis and Penis ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
122	Diseases of Ovaries	..	..	..	..	..	1	..	..	..	..	..	..	..	1
123	Diseases of Uterus and Appendages	..	..	..	..	..	..	..	1	2	..	..	..	..	3
124	Diseases of Vagina and External Genitals	..	..	..	..	..	..	..	..	1	..	..	..	..	1
125	Diseases of Breast	..	..	..	..	..	..	..	..	..	..	..	..	..	..
126	Abortion, Miscarriage	..	..	..	..	..	..	..	1	..	..	..	..	..	1
127	Puerperal Mania	..	..	..	..	..	..	..	..	..	..	..	..	..	..
128	Puerperal Convulsions	..	..	..	..	1	1	..	..	..	..	..	..	..	2
129	Placenta Prævia, Flooding ..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
	TOTALS ..	56	33	5	4	3	7	25	24	37	48	58	37	12	349

No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
130	Puerperal Thrombosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
131	*Other Diseases, Pregnancy and Childbirth*	..	..	..	..	..	..	1	1	..	..	..	..	..	2
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
132	Arthritis, Ostitis, Periostitis ..	..	1	..	..	..	..	..	1	1	..	..	..	..	3
133	*Other Diseases, Osseous System* ..	..	..	..	..	..	2	..	..	..	2	1	..	..	5
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
134	Ulcer, Bedsore	..	..	..	..	..	..	..	..	..	..	..	..	..	..
135	Eczema	..	..	..	..	..	..	..	..	..	..	..	..	..	..
136	Pemphigus	..	..	..	..	..	..	..	..	..	..	..	..	..	..
137	*Other Diseases, Integumentary System*	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Accidents and Negligence—														
138	In Mines and Quarries	..	..	..	..	..	..	..	..	..	..	..	..	..	..
139	In Vehicular Traffic	..	..	..	..	..	..	..	..	1	..	..	..	..	1
140	On Railways	..	..	..	..	..	..	..	..	1	..	..	..	..	1
141	On Ships, Boats, &c., & Houses (not drowning)	..	..	..	..	..	..	1	..	..	1	..	3	..	5
142	In Building Operations	..	..	..	..	..	..	..	..	..	..	..	..	..	..
143	By Machinery	..	..	..	..	..	..	..	..	..	..	..	..	..	..
144	By Weapons and Implements ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
145	Burns and Scalds	..	3	..	..	..	..	1	..	..	2	..	..	..	6
146	Poisons, Poisonous Vapours ..	1	2	..	..	..	..	..	..	..	..	1	..	..	4
147	Surgical Narcosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
148	Effects of Electric Shock	..	..	..	..	..	..	..	..	..	..	..	..	..	..
149	Corrosions by Chemicals	..	..	..	..	..	..	..	..	..	..	..	..	..	..
150	Drowning	..	..	..	..	1	..	..	..	..	..	..	..	..	1
151	Suffocation, Overlaid in Bed ..	5	..	..	..	..	..	..	..	..	..	..	..	..	5
152	,, ...	1	..	..	..	..	..	..	..	..	..	1	..	..	2
152*a*	Improper Feeding	1	2	..	..	..	..	..	..	..	1	..	..	..	4
152*b*	Starvation	..	..	..	..	..	..	..	..	..	1	..	..	..	1
153	Falls not specified	..	..	..	..	..	..	..	..	..	1	1	..	..	2
154	Weather Agencies	..	..	..	..	..	..	..	..	..	..	..	..	..	..
155	Otherwise not stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..
156	Homicide	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Suicides—														
157	By Poison	..	..	..	..	..	1	..	..	..	..	..	..	..	1
158	By Asphyxia	..	..	..	..	..	..	..	..	..	..	..	..	..	..
159	By Hanging and Strangulation ..	..	..	..	..	..	..	1	..	..	1	1	1	..	4
160	By Drowning	..	..	..	..	..	..	..	..	..	..	..	..	..	..
161	By Shooting	..	..	..	..	..	..	1	..	..	..	..	..	..	1
162	By Cut or Stab	..	..	..	..	..	..	..	..	..	..	2	..	..	2
163	By Precipitation from Elevated Places	..	..	..	..	..	..	..	..	..	..	..	1	..	1
164	By Crushing	..	..	..	..	..	..	..	..	..	..	..	..	..	..
165	By other and unspecified methods	..	..	..	..	..	..	..	..	..	..	..	..	..	..
166	Execution	..	..	..	..	..	..	..	..	..	..	..	..	..	..
167	Sudden Death, cause not ascertained	..	..	..	..	..	..	..	..	..	..	..	..	..	..
168	Ill defined and unspecified causes	..	..	..	..	..	..	..	..	..	..	..	..	..	..
169	Not certified	7	2	..	..	..	..	..	1	..	2	2	1	1	16
	TOTALS, SHEET No. 4 ..	15	10	..	..	1	3	5	3	3	11	9	6	1	67
	TOTALS, SHEET No. 3 ..	56	33	5	4	3	7	25	24	37	48	58	37	12	349
	TOTALS, SHEET No. 2 ..	119	14	6	4	8	4	13	23	36	48	75	73	23	446
	TOTALS, SHEET No. 1 ..	34	77	21	7	6	14	19	25	13	23	11	2	..	252
	GRAND TOTALS ..	224	134	32	15	18	28	62	75	89	130	153	118	36	1114

Sale of Food and Drugs Act, 1875.

Copies of the Report of the Public Analyst for the City of Coventry upon the articles analysed by him under the above Act for the year ending 31st December, 1905.

QUARTER ENDING MARCH 31st, 1905.

Article submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated what were the nature and extent of the Adulterations.	Observations.
Butter	W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	Genuine	
New Milk		Adulterated, deficient of 3% fat and slight addition of water	Cautioned
New Milk		Genuine	
New Milk		,,	
New Milk	,,	,,	
New Milk	,,	,,	
New Milk	,,	,,	
New Milk	,,	,,	
New Milk	,,	,,	
New Milk	,,	,,	
New Milk	,,	,,	
New Milk	,,	,,	
New Milk	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
New Milk	,,	,,	
New Milk	,,	,,	
New Milk	,,	,,	
New Milk	,,	,,	
New Milk	,,	,,	
New Milk	,,	,,	
New Milk	,,	,,	
New Milk	,,	,,	
New Milk	,,	,,	
New Milk	,,	Adulterated, deficient of 20% fat	Fined 5s. and Costs and Analyst's Fee
New Milk	,,	Genuine	
New Milk	,,	,,	

Sale of Food and Drugs Act, 1875—Continued.

QUARTER ENDING MARCH 31st, 1905—*continued.*

Article submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated what were the nature and extent of the Adulterations.	Observations.
New Milk ...	W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	Genuine	
New Milk ...		,,	
New Milk ...		,,	
Butter		Adulterated with 95% foreign fat	Fined £1 and Costs and Analyst's Fee
Butter	,,	Genuine	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	Adulterated with 7% added water	Fined 10s. and Costs and Analyst's Fee
New Milk ...	,,		
New Milk ...	,,	Genuine	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	

QUARTER ENDING JUNE 30th, 1905.

Article submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated what were the nature and extent of the Adulterations.	Observations.
New Milk ...	W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	Genuine	
New Milk ...		,,	
Butter		,,	
Butter		,,	
Butter		,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Chocolate Caramels ...	,,	,,	
Chocolate Caramels ...	,,	,,	
Pepper	,,	,,	
Arrowroot ...	,,	,,	
Spirit of Sal Volatile	,,	,,	
New Milk ...	,,	,,	

Sale of Food and Drugs Act, 1875—Continued.

QUARTER ENDING JUNE 30th, 1905—*continued.*

Article submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated what were the nature and extent of the Adulterations.	Observations.
New Milk ...	W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	Genuine	
New Milk ...		,,	
New Milk ...		,,	
New Milk ..		,,	
New Milk ...		,,	
New Milk ...	,,	,,	
New Milk ..	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ..	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
New Milk ...	,,	,,	
New Milk ..	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	

QUARTER ENDING SEPTEMBER 30th, 1905.

Tea	W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	Genuine	
Demerara Sugar		,,	
Compound Tincture of Rhubarb		,,	
Cheese		,,	
New Milk ...	,,	Adulterated, deficient of 23% of fat	Fined £1 and Costs and Analyst's Fee
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
Separated Milk	,,	,,	
Whiskey ...	,,	,,	
Whiskey ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	

Sale of Food and Drugs Act, 1875—Continued.

QUARTER ENDING SEPTEMBER 30th, 1905—*continued.*

Article submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated what were the nature and extent of the Adulterations.	Observations.
New Milk ...	W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	Genuine	
New Milk ...		,,	
New Milk ..		,,	
New Milk ...		,,	
Cream of Tartar		,,	
Citric Acid ...	,,	,,	
Tartaric Acid ..	,,	,,	
Butter	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	Adulterated, 5% added water	Cautioned
New Milk ...	,,	Genuine	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ..	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	Adulterated, deficient 3% fat	Cautioned
New Milk ...	,,	Genuine	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
New Milk ...	,,	Adulterated with 6% added water	Fined £1 and Costs and Analyst's Fee
New Milk ...	,,	Genuine	
New Milk ...	,,	,,	
New Milk ...	,,	,,	

Sale of Food and Drugs Act, 1875—Continued.

QUARTER ENDING SEPTEMBER 30th, 1905—*continued.*

Article submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated what were the nature and extent of the Adulterations.	Observations.
New Milk ...	W. H. Clarke. Food & Drugs Inspector to the City of Coventry.	Genuine	
New Milk ..		,,	
New Milk ...		,,	Poor Quality
New Milk ...		,,	
New Milk ...		,,	
New Milk ...	,,	,,	
New Milk ..	,,	,,	
New Milk ...	,,	,,	
Butter	,,	,,	
QUARTER ENDING DECEMBER 31st, 1905.			
New Milk ..	W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	Genuine	
New Milk ...		Adulterated, 12°/o added water	Fined £5 and Costs and Analyst's Fee
New Milk ...		Genuine	
New Milk ..		,,	
New Milk ...		,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ..	,,	,,	
New Milk ...	,,	,,	
New Milk ..	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ..	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
New Milk ..	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	

Sale of Food and Drugs Act, 1875—Continued.

QUARTER ENDING DECEMBER 31st, 1905—*continued.*

Article submitted for Analysis.	State whether the sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated, what were the nature and extent of the Adulterations.	Observations.
Liquorice Powd'r	W. H. Clarke Food & Drugs Inspector to the City of Coventry.	Genuine	
Confectionery ...		,,	
Golden Syrup ...		,,	
New Milk ...		,,	
New Milk ...		,,	
New Milk ...	,,	,,	
New Milk ...	,,	,,	
New Milk ...	,,	Adulterated, containing 27% water	Fined 10s. and Costs and Analyst's Fee
New Milk ...	,,	Genuine	
New Milk ...	,,	Adulterated, deficient of 17% of fat	Preliminary sample
Butter	,,	Genuine	
Butter	,,	,,	
Coffee	,,	,,	
Tea	,,	,,	
Sugar	,,		
Flour	,,	,,	
Jam	,,	,,	
Sweet Spirit of Nitre	,,	Adulterated, deficient 30% of Ethyl Nitrite	Preliminary sample
Glycerine ...	,,	Genuine	
Tinct're of Iodine	,,	,,	
Vinegar ...	,,	,,	
New Milk ...	,,	,,	
New Milk ..	,,	,,	
New Milk ...	,,	,,	
New Milk ..	,,	,,	
New Milk ..	,,	,,	
New Milk ...	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	
Butter	,,	,,	

1905.

Comparison of Prevalence of Sickness and Death from Infectious Diseases.

Year.	Small Pox.		Erysipelas.		Diphtheria.		Membranous Croup.		Scarlet Fever.		Enteric Fever.		Puerperal Fever.		Measles.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1890	0	0	56	3	5	5	10	1	67	2	30	4	2	2	...	1
1891	0	0	34	5	8	1	6	3	42	0	34	7	4	4	1341	36
1892	1	0	59	3	1	0	18	2	38	0	53	9	2	4	332	4
1893	30	0	145	7	6	1	4	1	30	0	40	9	9	7	39	0
1894	22	1	109	2	14	3	7	2	385	13	14	6	5	2	2353	54
1895	0	0	84	3	6	3	6	3	439	19	49	5	9	3	116	3
1896	3	0	74	2	16	3	1	3	313	9	59	12	12	9	1205	35
1897	0	0	72	4	14	4	11	6	221	6	25	3	2	1	...	16
1898	0	0	53	0	20	5	13	10	278	10	53	6	10	8	...	29
1899	0	0	60	2	38	5	15	11	188	3	126	18	7	3	...	13
1900	0	0	71	1	42	12	24	10	637	17	48	6	14	7	...	50
1901	2	0	92	3	122	26	17	5	781	18	141	15	22	10	...	3
1902	4	0	66	3	129	28	7	3	245	10	60	6	11	4	...	0
1903	71	3	45	1	113	27	14	7	121	5	15	2	5	0	...	57
1904	5	1	67	5	74	10	4	1	222	10	24	1	9	5	...	0
1905	1	0	95	5	56	8	11	5	249	1	21	6	4	4	...	60

REPORT ON THE CONGRESS OF THE ROYAL INSTITUTE OF PUBLIC HEALTH, 1905.

The fourteenth Annual Congress of this Institute was held in London from July 19th to 25th. The Congress was presided over by the Marquis of Londonderry, who opened the proceedings with a presidential address, in which he spoke of physical deterioration in relation to schools and underfed children; concerning the teaching of hygiene in schools, he referred to the consideration this matter had received at the hands of the Board of Education. He said what was wanted was sound, direct, and practical instruction, which should be immediately applicable to the lives of the scholars. Not many of the proposals for the teaching of hygiene to young children were of the sensible and direct type that they wanted to encourage. The Board of Education had given very careful consideration to this difficulty, and it would shortly issue certain suggestions as to the kind of teaching which was advisable. The question of training teachers in hygiene was also engaging its attention, and steps were being taken to encourage students to approach the study of their profession by considering what were the marks of a healthy child, and what were the mental and physical needs of such a child. Again, it was thought it was most desirable that women teachers should learn how a typical artisan household should be conducted in respect of food, clothing, and cleanliness. One most important branch of education was the training of girls and young women for home duties.

The public health authorities had raised, and were still raising, the external conditions of life in the great towns; more intelligently adapted forms of education would surely tend to increase self-reliance and self-respect, and to dissipate the lamentable ignorance and improvidence which, if only secondary causes, were yet so largely responsible for impaired health and lowered efficiency. There was great hope that the pressure of persistent effort on both lines of attack would reduce the numbers of that part of the population which by its physical and hygienic weakness dangerously menaced the welfare of our country.

One of the features of the Congress was the able presidential address given by Sir James Crichton-Browne in the section of Preventive Medicine. This dealt with the subject of old age and how to attain it. Sir James contended, with abundant illustrations, that the best work of men was accomplished after they attained middle life; he thought that our efforts should be directed towards making it possible for all people to live to 100 years.

To lengthen, as well as to strengthen, the lives of the people was the object of preventive medicine. Certain great measures that lay beyond its scope were first of all necessary in order to prolong the days of the masses of the people. Regular employment must be secured, and poverty diminished, so that we might no longer have amongst us thirteen millions on the verge of hunger and dying in multitudes before their time. But within the sphere of preventive medicine, although much had been done, much remained to be done. If old age were to be attained, a good start in life must be given ; hence the importance of the questions which they were to discuss as to infant-feeding and milk supply ; the degeneration of the people must be arrested by giving them decent houses, and promoting their physical development by affording them facilities for exercise. There could be no question that an excess of alcohol made men old before their time. If we were to lower our death rate and promote old age we must return to simplicity and tranquility of life, and, as regarded the masses of the people, we must, as far as might be, alleviate the anxieties that pressed on them, and one step in that direction would be the establishment of old age pensions. Life assurance had, by the composure of mind it had secured, done something to prolong life, and national assurance against old age by removing those apprehensions that must sometimes harass even the bucolic mind would, he believed, contribute to a hale old age.

Infantile Mortality.

In the Preventive Medicine Section, Mr. S. G. Moore, Medical Officer of Health for Huddersfield, read a paper on “ Infantile Mortality.” He said that in the worst parts of some of the great cities only three out of four children born lived for twelve months. In at least 95 per cent. of the births disease was absent, and if weakness was present, with proper care it would have disappeared. False and misleading statements relating to food should be stopped. Some of the food advertised for infants caused many deaths. He knew of one article freely advertised as a special food for infants which upon analysis proved to be nothing but baked flour, not only insufficiently nutritive, but even injurious to children.

An interesting paper was that on “ Brain Fag in Children,” by Dr. T. B. Hyslop. In this paper and the subsequent discussion practical unanimity prevailed as to the uselessness, if not injury, in admitting children to school before five years of age.

Dr. J. Porter Parkinson (North-Eastern Hospital for Children), in dealing with some preventable diseases of school life, remarked that, in London, children were sent to school at a very early age. It would be better to put off attendance at school until the age of seven years, as was the case in Switzerland, which was perhaps the best educated country in the world. He pointed out the value of recognizing certain diseases in their early stages, and the impossibility of this being done by any but competent medical officers, who should periodically inspect the children, paying special attention to the delicate ones, or to those who had recently suffered from an infectious fever. The London County Council had taken active steps in this direction, having appointed local assistant medical officers to make school inspections and report generally upon school hygiene.

Medical Inspection of Schools.

Warm advocacy of the medical inspection of school children was advanced by Professor Kenwood, who said that permanent harm was being inflicted on thousands of scholars by endeavouring to educate those who were unfit. Eyes and ears were the two great channels of education, and if these were defective there was a tremendous loss of the education imparted. Mental deficiency, nervous conditions, over-pressure, commencing deformities, were also matters which it was desirable that medical inspection should detect. An almost incredible amount of illness was discovered among the children when a doctor examined a whole school. In New York, during a recent year, 41,000 children were excluded from school attendance as a result of medical inspection. Two years ago, in New York, 15 per cent. of the children examined were children, from one cause or another, unfit to benefit from education. Out of a thousand children, picked from various schools in Dundee, 30 per cent. were found to need help. Dr. Kenwood explained the system of inspection prevailing in America, which aimed not at cure in the school, but detection. Any school teacher can tell when a child seems unwell. Such children were turned over to the medical inspector. In many cases the child was sent home, and the parents were communicated with, and told what to do. Often rest and simple treatment sufficed; if the trouble was more serious the parent was advised to consult the family doctor. Dr. Kenwood considered that at least every child should be medically examined on commencing school life, and favoured examinations of all school children twice a year. Medical inspection in schools was not a new thing. It was done thirty years ago in Brussels, and 120 years ago in Poland. Nearly every European country except Great Britain had adopted this necessary measure, and of course every school in Japan, and they realized its great benefits. Cost was suggested as the one real objection, but surely what was borne by Austria, Germany, Japan, and Belgium could be borne by Great Britain.

In the course of subsequent discussion, which was entirely in favour of the proposal, one speaker said that a German friend, to whom he pointed out the enormous use of spectacles in Germany, retorted, "Yes, and when you use our methods you will be the same. We find out defects and rectify them, you let them go on in your haphazard way." Dr. Helen Wilson considered that a thorough examination of every child each two or three years was essential.

In connection with the supply of pure milk the delegates paid a visit to the dairies and cowsheds of the Walker-Gordon Milk Laboratories at Sudbury. In these dairies—which are the first of the kind to be established in this country—every practicable means of securing the purity of milk is adopted, and the visit was of much interest.

A useful Session concluded with four papers dealing with a question which is daily becoming more urgent—our milk supply, with special reference to the feeding of infants. Dr. T. D. Lister, Assistant Physician to the Royal Waterloo Hospital for Children, adduced abundant reasons for the establishment of municipal milk depôts, declaring that children were dying by thousands every year for the lack of such provision. Dr. E. W. Hope, Medical Officer of Health for Liverpool, described in detail the encouraging work carried on by the milk depôt of that city, at an annual cost of £1,200; and Councillor A. W. Short, of Bootle, advocated, in a paper full of facts and figures, the municipalisation of the milk supply.

In the last contribution, Mr. H. Reginald Rhodes advocated a reform which hails from America, and works on different lines. He described the production of medically certified milk, as carried on at one of the farms of which he had charge under the New York Medical Committee. By this system practically everything except the milk is sterilised, and the natural product, thus assured a high pitch of cleanliness, sells at a shilling a quart to the well-to-do New Yorker. One passage from this paper may be worth quoting:—

"The day's work commenced at 4-30 a.m. every morning, by each cow being led singly, and in turn, from their living stable into the washing and cleansing shed. Here they are washed with sponges and brushes in antiseptic water, and dried with sterilised towels. As each is finished off a lad leads it by the halter to the milking shed, where it is fastened to a snap along the wall.

"Here the milkers take each cow in hand as it arrives from the cleaning shed. These milkers are required to wash themselves thoroughly in a bathroom provided, adjacent to the milking shed, and to wear clean linen clothes that are frequently washed and sterilised twice daily."

The result of all this elaborate care was that, according to Mr. Rhodes, while ordinary milk supplied to New York was found to contain 5,000,000 bacteria to the cubic centimetre, an analysis of certified milk showed an average of only from 1,500 to 1,600 bacteria in the same bulk.

In the Bacteriological Section a paper on "Problems in Practical Disinfection" was read by Mr. C. G. Moor. The ineffective character of many of the routine methods of disinfection was pointed out, and attention was drawn to the variable and often valueless character of the so-called disinfectant fluids of commerce. Referring to the disinfection of clothes and other fabrics, he said that, although practised by the more up-to-date Sanitary Authorities, it was neglected very largely in districts which had failed to understand the importance of providing that means against the spread of infection. In many cases the substances purchased as disinfectants by public bodies were useless for disinfection, and the money spent on them was thrown away.

The presidential address in this section was given by Professor R. T. Hewlett, of King's College. It was a plea for the recognition of the place of the specialist in the various departments of public health. Proper administration required a medical officer and his sanitary staff, a bacteriologist, a chemist, and an engineer, all working cordially together to a common end. For the smaller districts such a staff could be secured by grouping. Could they expect effective action in regard to the housing of the poor and the sanitary condition of cowsheds and dairies if the medical officer was a local practitioner who derived his livelihood by the goodwill of the local landlord?

Ventilation of Schools and Public Buildings.

In the section presided over by Mr. Yoxall, M.P., three papers were read on subjects connected with the planning and ventilation of schools and public buildings. In one of them Mr. J. H. Blizzard urged that the provision of healthy schools in which children should study was the foundation on which the medical profession should start to prevent the spread of infectious disease. In the elementary schools there should be 250 cubic feet per head, whether it was for infant or adult scholars, and the actual interchange should be at least four times per hour.

Sir George Kekewich suggested that the Board of Education should appoint a good medical officer at headquarters, and see that medical officers were appointed by the local authorities to visit every school throughout the country and report to it as regarded its sanitary condition and the health of the children. He also thought there ought to be an inquiry into the sanitary condition of the schools throughout the country, and that they should get rid of those which were in a bad state.

In the Engineering Section Sir Alexander Binnie described the drainage system of London.

Papers were read on "The Housing of the Working Classes"; "Garden Cities"; and "How to Sterilise London Drinking Water"; "The Destruction of Town Refuse and its Utilization"; and "The Prevention of Smoky Fogs."

Very numerous other papers were read in the different sections.

In connection with the Congress an Exhibition of Sanitary and Educational Appliances was held at the Polytechnic.

The following were the resolutions passed by the different sections:—

SECTION A.

Preventive Medicine.

I.—That the present hours of sleep allowed to boys under sixteen years of age in some of the public schools are too short for enabling them to attain their highest physical and mental development; and that a copy of this resolution be sent to the headmasters of all public schools.

II.—That a representation be made to the Home Office, respectfully suggesting the total abolition of "half-time" in factories and workshops.

III.—That, in view of the importance of the subject, the Government be respectfully urged to appoint a Royal Commission to fully consider the question of the advisability of the adoption of the sanatorium treatment of pulmonary tuberculosis for the poor.

IV.—That this section is of opinion that there is urgent need for the appointment of a Commission of Inquiry into the prevalence and effects of syphilis, and the means of its prevention, and into the adequacy of hospital accommodation for its treatment, and that the Government be so informed.

V.—That security of tenure is most desirable for Medical Officers of Health and Inspectors of Nuisances (Sanitary Inspectors), so as to enable them to carry out their official duties without fear or favour.

VI.—That in the opinion of this section it is most important and desirable that provision for the medical inspection of all school children in this country should be made, and that the Education Department should have at its disposal the services of a Medical Officer.

SECTION B.

Municipal Administration of the Education Acts.

I.—That in the interests of educational efficiency adequate steps should be taken to ensure that all children should be properly fed.

II.—That this section deprecates the granting of scholarships to which are attached conditions of future service.

SECTION D.

Building Construction and Engineering.

I.—That this Congress, being impressed with the importance of clearing the atmosphere of towns from smoke, urges on His Majesty's Government and local authorities the advisability of further efforts being made to attain this object.

SECTION E.

Bacteriology and Chemistry.

I.—That in the opinion of this Congress the sale of disinfectants other than solutions of definite chemical composition, or substances intended for the preparation of such solutions, should be accompanied by a definite statement of their bactericidal efficiency as compared with a standard disinfectant of definite chemical composition.

II.—That in the interests of the public health and the control of infectious disease the regular and efficient disinfectant cleansing of *all* public conveyances should be undertaken by the owners.

SECTION F.

Veterinary Hygiene.

That in the interests of the public health it is desirable that there should be compulsory notification of the slaughter of animals intended for human food at other than licensed slaughter-houses, and that all parts of the carcase, including the internal organs, should be retained for inspection after such notification.

SECTION G.

Tropical Hygiene.

That the Council of the Royal Institute of Public Health be requested to represent to the proper authorities the necessity for teaching elementary hygiene in the vernacular in schools in India.

E. H. SNELL,

Medical Officer of Health.

August 22nd, 1905.

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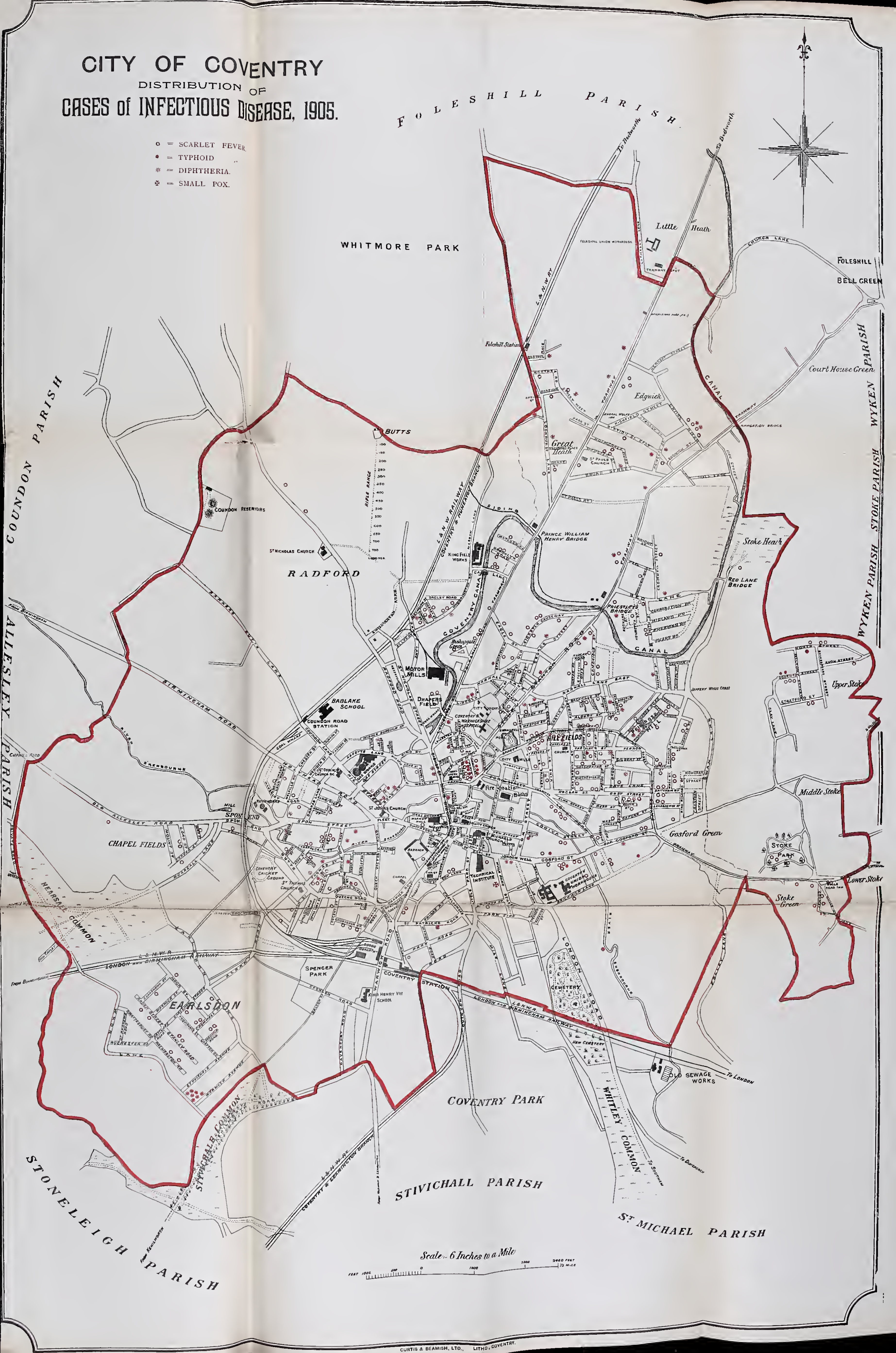
CITY OF COVENTRY
DISTRIBUTION OF
CASES of INFECTIOUS DISEASE, 1905.

- ○ = SCARLET FEVER.
- ● = TYPHOID ,,
- ✱ = DIPHTHERIA.
- ✠ = SMALL POX.



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